

ST. PETER DAMIAN YOUTH MINISTRY (GENESIS TEEN GROUP)

PARTICIPANT REGISTRATION & LIABILITY RELEASE FORM

The undersigned do hereby release, forever discharge and agree to hold harmless the Archdiocese of Chicago, St. Peter Damian, the Catholic Bishop of Chicago, a corporation sole from and against any and all liability, claims, demands, lawsuits and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant. The undersigned further agrees to indemnify and hold the Archdiocese of Chicago,

St. Peter Damian, the Catholic Bishop of Chicago, a corporation sole and its respective members, directors, employees, and agents (collectively the "Indemnities.") harmless from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses and costs sustained by the indemnities as a result of negligent, willful or intentional acts of the undersigned and/or participant. I understand transportation for any trips will be provided by Virtus trained adults.

If participant is under 18 years of age, I (we) the parent(s) of the participant, do hereby grant permission for our child to participate fully in the Youth Ministry group and all its activities and hereby give permission to the coordinator or authorized adult leader to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery and I (we) fully and completely assume all responsibility for all medical bills. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs. The undersigned hereby grants permission for St. Peter Damian to take and use photographs and video of my child for the exclusive use of St. Peter Damian promotions.

ALL PARTICIPANTS MUST SIGN THIS FORM. IF PARTICIPANT IS UNDER 18, PARENT OR LEGAL GUARDIAN MUST SIGN.

PARTICIPANTS (TEEN) NAME: _____ DOB: _____

GENDER: F or M

PARENT/LEGAL GUARDIAN FULL NAME: _____

HOME ADDRESS: _____

PARENT PHONE NUMBER: _____

PARENT EMAIL ADDRESS: _____

TEEN EMAIL ADDRESS: _____ (All parents will be copied)

PARENT/LEGAL GUARDIAN SIGNATURE: _____

ALLERGIES OR SPECIAL NEEDS: _____

REGISTRATION FEES AND DEADLINES

COMPLETED PERMISSION FORM IS DUE UPON ARRIVAL AT THE YOUTH MINISTRY CENTER

COMPLETED FORMS ARE TO BE TURNED INTO ROXANNE SLESZYNSKI- YOUTH MINISTRY COORDINATOR