ST. PETER DAMIAN CHURCH – YOUTH MINISTRY PARTICIPANT REGISTRATION & LIABILITY RELEASE FORM 2025-2026

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 Center and all its activities and hereby give permission to the coordinator or authorized adult leader to take said participant to the 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 AND COMPLETE THIS FORM. IF THE PARTICIPANT IS UNDER 18, PARENT OR LEGAL GUARDIAN MUST SIGN. DUE UPON ARRIVAL FOR YOUTH MINISTRY.

Participants (Teen) Name: _____ DOB: _____
Participants (Teen) Phone number: _____
Participants (Teen) Email Address: _____
Participants Gender: Male or Female

Parent/Legal Guardian Full name: _____
Home Address: _____
Parent/Legal Guardian Phone number: _____
Parent/Legal Guardian Email address: _____
Parent/Legal Guardian Signature: _____
Does the participant have any allergies or special needs? (Please explain):

_____
_____

Does your child carry an inhaler or epi-pen? YES NO

Please note that any communication with teen participants via email or text message is done in group emailing or texting. Teen participants are not obliged to provide this contact information but are encouraged to stay up to date with youth ministry updates. All parents and teen participants will be added to our Flocknote communication tool.

This form must be turned in upon arrival at Youth Ministry Event. This form is good for 1 school year. Please update us with medical changes.