

***You must submit all forms for teens/chaps in your group together. DO NOT FAX THIS FORM!!!!**



Steubenville West

High School Age Youth Conference
July 24-26, 2009

Group Leader's _____
Parish _____

ADULT and YOUTH LIABILITY RELEASE FORM

Print or type all information clearly. **This form is required for attendance at the conference and should be used along with any liability form required by local dioceses.** Participants 18 and over may sign for themselves. If the participant is under 18, at least one legal guardian must sign. Please have your insurance card with you at all times.

Participant's Full Name (print clearly) _____

Date of Birth _____ **Social Security #** _____ **M/F** _____ **Grade** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone # (____) _____ **Additional Phone # (____)** _____

I (We), the undersigned, do hereby release, forever discharge, and agree to hold Life Teen Inc., Franciscan University of Steubenville, and the site organization(s), harmless from any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever, which may be incurred or suffered by the undersigned and/or participant (under 18 or 18 and older) while attending the above activity.

Furthermore, I (We) hereby assume all risk of personal injury, sickness, death, damage and expenses arising from the undersigned and/or participant's (under 18 or 18 and older) participation in all activities, including recreation and work activities involved in the above activity. In addition, I (We) authorize and grant permission to furnish all necessary transportation, food, lodging, and medical treatment for the undersigned and/or participant (under 18 or 18 and older). I (we) give permission for diagnoses, treatment, and prescription of medication in accordance with standard medical practice by appropriate health care personnel. I (We) release Life Teen Inc., Franciscan University of Steubenville, and the site organization of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I (We) agree to accept any and all financial responsibility as a result of scheduling, acquiring and/or providing medical treatment.

I (We) further hereby agree to indemnify and hold Life Teen International, Franciscan University of Steubenville, the site organization(s), and their respective members, directors, employees, volunteers, and agents (collectively, the "Indemnitees"), harmless from and against any and all claims, demands, actions, lawsuits, damages and liabilities, including attorneys' fees and expenses sustained by the Indemnitees as the result of the negligent, willful, or intentional acts of the undersigned and/or participant (under 18 or 18 and older).

Furthermore, I (We) understand that Life Teen Inc., Franciscan University of Steubenville, and the site organization will not be liable if the undersigned and/or participant (under 18 or 18 and older) fails to cooperate with the rules and that any infraction of the rules may result in immediate dismissal from the conference at my (our) expense.

If the participant is now and will be under 18 years of age at the time of the conference: I (We), the parents or legal guardians, hereby agree to all of the foregoing on behalf of the participant and grant permission for _____, the participant, to fully participate in the above activity and all it's undertakings.

Through me, the minor agrees to abide by all the rules and regulations stated by Life Teen Inc., Franciscan University of Steubenville, the site organization, and the conference staff.

SIGNATURE OF PARENT (S) OR LEGAL GUARDIAN (S) **DATE**

SIGNATURE OF PARTICIPANT **DATE**

Medical History

Allergies: _____

Current Medications: _____

Additional emergency contact (s):

Name: _____ Relationship: _____

Phone # (____) _____ Phone # (____) _____

