

**Diocese of Gary Activity Release Form: TAPT 2012 FORMATION MTGS**

<p><b>Participant Information</b></p> <p>Name: _____</p> <p>Street: _____</p> <p>City: _____ ST: _____ Zip: _____</p> <p>Phone: _____ Date of Birth: _____</p> <p>Name(s) of Mother &amp; Father (or legal guardians): _____</p> <p>Insurance Company: _____</p> <p>Policy Number: _____</p> <p><b>Activity Information (be specific):</b></p> <p>Parish/Organization: <b>DIocese OF GARY</b>          Activity/Place: <b>TAPT Team Formation Mtgs. @ Nativity Catholic Church, 2949 Willowcreek Rd., Portage, IN 46368 (Feb. 26 &amp; Mar 17); Camp Lawrence, 68 E 700 N, Valparaiso, IN 46383 (Mar 11) Date of Activity: Feb 26 (1-5p), Mar 11 (1-5p), Mar 17 (2-7p)</b>          Adult Contact: <b>Kevin Driscoll</b> Adult contact phone: <b>219-552-4060</b></p> <p align="center"><b>Permission and Medical Treatment Waiver</b></p> <p>I, _____, the parent/guardian of _____ do hereby give my permission for him/her to attend the above activity and to be treated for a medical emergency in my absence while participating in the Youth Ministry program. The Youth Minister or adult supervisor may act as an agent in my absence. In case of accident, I do not hold the Diocese of Gary, the parish, its staff, or the adult chaperones responsible.</p> <p>In case of emergency, if I am not available at the above address and phone, please contact: _____</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Parent/Guardian Signature: _____ Date: _____</p> <p>Special Dietary Needs: _____</p> <p>Medications: (if none, write "none") _____</p> <p>Allergies: (if none, write "none") _____</p>	<p><b>Parent Authorization and Waiver of Risk for Travel</b></p> <p>I hereby give my consent for my daughter/son, _____ (name) _____ to participate in <b>TAPT Team Formation Mtgs.</b> including traveling from and to <b>Nativity Catholic Church, 2949 Willowcreek Rd., Portage IN 46368 Camp Lawrence, 68 E 700 N, Valparaiso, IN 46383.</b> (S)he will be traveling by _____ (means of transportation) _____</p> <p>I understand that neither the Diocese of Gary, the Parish, the Parish Youth Minister, the Parish Chaperone, nor the staff is liable in the event of an accident or injury to my child. I also assume full responsibility for the consequences of my child's actions during these activities.</p> <p align="center"><b>Waiver of Risk</b></p> <p>I understand that, despite careful and proper preparation, there is still a risk of injury when participating in any activity.</p> <p>In consideration for the Diocese of Gary, the Parish, and Office of Youth Ministry, or any other participating organization, permitting my child to participate in the above activity, I agree to indemnify, defend, hold harmless and release the Diocese of Gary, the Parish, and Office of Youth Ministry, or any other participating organization, and their officers, agents, representatives, employees and volunteers, against and from any and all claims, suits, losses, costs, damages, expenses, and liability arising out of any act or omission or other occurrence, whether or not caused by or resulting from this activity, the Catholic Diocese of Gary, Parish, and Youth Ministry, or any other participating organization, their agents, representatives, employees, and volunteers during the course of the activity in which he or she is participating.</p> <p align="center"><i>Date</i></p> <p>_____</p> <p align="center"><i>Signature of Parent or Legal Guardian</i></p> <p>_____</p>	<p align="center"><b>Payment and Indemnity Hold Harmless Agreement</b></p> <p>I, (parent/guardian) _____, hereby agree to assume full responsibility for the payment of all debts incurred by my child, (name) _____, during his/her visit to <b>TAPT Team Formation Mtgs.</b>, and to reimburse the Diocese of Gary (and any other participating organizations) for any damages suffered by it due to my child's acts during the trip.</p> <p align="center"><b>Waiver of Risk</b></p> <p>I understand that, despite careful and proper preparation, there is still a risk of injury when participating in any activity.</p> <p>In consideration for the Diocese of Gary, the Parish, and Office of Youth Ministry, or any other participating organization, permitting my child to participate in the above activity, I agree to indemnify, defend, hold harmless and release the Diocese of Gary, the Parish, and Youth Ministry, or any other participating organization, and their officers, agents, representatives, employees and volunteers, against and from any and all claims, suits, losses, costs, damages, expenses, and liability arising out of any act or omission or other occurrence, whether or not caused by or resulting from this activity, the Catholic Diocese of Gary, Parish, and Youth Ministry, or any other participating organization, their agents, representatives, employees, and volunteers during the course of the activity in which he or she is participating.</p> <p align="center"><b>Authorization for Medical Care</b></p> <p>I authorize the Diocese of Gary (and any other participating organization) to procure, at my expense, any medical care reasonably required for my child during the trip.</p> <p>In the event of an emergency, please notify (please provide name, address, and phone number(s)): _____</p> <p>_____</p> <p>_____</p> <p>This Payment and Indemnity Hold Harmless Agreement means that the undersigned will not file a lawsuit or make a claim on behalf of said child against any of the entities or individuals above and will pay the costs of defense or damage caused by a claim by or on behalf of the undersigned.</p> <p align="center"><i>Date</i></p> <p>_____</p> <p align="center"><i>Signature of Parent or Legal Guardian</i></p> <p>_____</p>
<p><b>Please bring this with you to the first Formation Day on FEB 26!</b></p>		