

# YOUTH

## ABLAZE 2017 – Registration Form and Liability Release – Form A

### REGISTRATION FEE: \$50.00 per person

\*Includes lunch, dinner on Saturday \*Does not include housing or transportation

- If you are attending as part of a Parish/School/Group, submit all completed forms and fees TO YOUR GROUP LEADER to register as a group.
- Group Leader – Step 1: Complete electronic Form C, listing all members of your group, and email to [ablaze.retreat@gmail.com](mailto:ablaze.retreat@gmail.com). Form C is available at [www.ablazeretreat.com](http://www.ablazeretreat.com) Step 2: Collect ALL Registration Forms for your entire group (youth and adults) and submit them together with ONE CHECK for your parish/group, payable to ABLAZE 2017. Do not send individual checks if registering with a group. See mailing address back of this page.
- 3 Required Forms for EACH Youth (age 8<sup>th</sup> to 12<sup>th</sup> Grade). *All forms available at [www.ablazeretreat.com](http://www.ablazeretreat.com):*  
 (1) Form A (this form, front/back) (2) Youth Code of Conduct (3) Youth Travel Form  
*These forms **MUST** be completed in addition to any forms that might be required by your Parish/Group.*

Participant Name \_\_\_\_\_ Age: \_\_\_\_\_ Gender: F M

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone of parent (\_\_\_\_\_) \_\_\_\_\_

Parish/Group \_\_\_\_\_ Chaperone's Name \_\_\_\_\_

**\*\*Liability Release Form Below MUST be completed by ALL Participants.\*\***

## Consent to Participate – Liability Release Form – Release of ALL Claims

Name of Activity: **ABLAZE 2017 Retreat** Location: **St. Monica Parish Family Center**  
 Telephone: **214.434.1553** Date of Activity: **November 10, 11, 12, 2017**

I understand that as parent(s)/guardian(s)/conservator(s), I remain legally responsible for any personal actions taken by my son/daughter. We recognize the inherent risk associated with the various activities that my son/daughter will be participating in. I/We, the undersigned, do hereby agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to release, forever discharge, indemnify, defend, and hold harmless St. Monica Parish, the Roman Catholic Diocese of Dallas, and their respective members, officers, directors, employees, chaperones, agents and/or volunteers from and against any and all claims, liability, demands, lawsuits and expenses of any kind (unless due to the Sole or Gross NEGLIGENCE of the Parish as determined by a Trier of fact) arising from illness, injury, death, or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant (if participant is under 18, 18 or older), and the cost of medical treatment therewith, arising from or in any way connected with my son/daughter traveling to, participating in and/or attending the activities noted above.

The undersigned further agree to indemnify and hold the Roman Catholic Diocese of Dallas, St. Monica Parish, and their respective members, directors, employees, volunteers 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 (if participant is 18 or under, 18 or older). In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this release, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

If participant is under 18 years of age, in consideration for allowing our child to participate in this activity, I (we) the parent(s)/guardian(s)/conservator(s) of the above named child, grant permission for my son/daughter to travel and participate fully in the ABLAZE 2017 Retreat activities and functions. 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.

**This form must be PRINTED AND SIGNED by all participants.**  
**If participant is under 18, parent or legal guardian must sign.**

### RELEASE FOR AGES 13 – 17

Parent/Guardian name and signature are required.\*

Parent/Legal Guardian Name (please print) \_\_\_\_\_ Signature (print this form to sign) \_\_\_\_\_ Cell phone \_\_\_\_\_ Date \_\_\_\_\_

Designated Chaperone (must be 21 or older): \_\_\_\_\_ Chaperone name (please print) \_\_\_\_\_ Cell phone of Chaperone \_\_\_\_\_

\*Parent/Guardian signature and phone number must be provided OR FORM WILL BE RETURNED.

### RELEASE FOR PARTICIPANTS AGED 18 and over

Name (please print) \_\_\_\_\_ Signature (print this form to sign) \_\_\_\_\_ Cell phone \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT: Parent/Legal Guardian must complete BOTH SIDES of this Form.**

**AUTHORIZATION OF CONSENT TO TREAT MINOR (Signature required by Parent/Legal Guardian)**

I/We, \_\_\_\_\_ are the (check one) \_\_\_ parent(s) or \_\_\_ guardians of \_\_\_\_\_

\_\_\_\_\_, a minor, and as such do hereby authorize St. Monica Parish, the Roman Catholic Diocese of Dallas, and their leaders, employees, contractors, respective members, directors, volunteers and agents as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the laws of the jurisdiction where such diagnosis or treatment may be given, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or at any other location. It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective throughout the specific event dates listed above. In consideration of acceptance of this authorization, but without any time limitation and without any future right of revocation, I/we hereby release, defend and hold harmless St. Monica Parish and The Roman Catholic Diocese of Dallas (Diocese), and their respective members, officers, directors, employees, volunteers, youth ministry leaders, chaperones, agents and contractors from all claims, liabilities and loss in any way arising out of or in connection with or relating to such treatment and treatment decisions, and I (we) fully and completely assume all responsibility for all medical bills.

Parent/Legal Guardian Name (please print)	Signature (print form to sign)	Date

**Audio/Visual Recording and Photography Consent: (Signature required by Parent/Legal Guardian)**

On occasion, video recordings, audio recordings, photographic slides, and photographs are taken of children and youth during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media. For good and valuable consideration, I hereby grant to \_\_\_\_\_ (parish) the irrevocable and unrestricted right to make, use and/or publish any and all photographs, videos, and other images of me/my minor child \_\_\_\_\_

(youth), or images in which me/my minor child may be included, now existing or hereafter made, in any case, with or without identifying subject for editorial, advertising, news, or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I release the staff and volunteers of \_\_\_\_\_ (parish) and the Roman Catholic Diocese of Dallas from any liability connected with the use of my child's picture or audio/video recording as part of any of the above or similar activities.

Parent/Legal Guardian/Conservator Name (please print)	Signature of Parent/Guardian/Conservator (print form to sign)	Date Signed

**NOTE TO ALL PARENTS – CHAPERONES – VOLUNTEERS**

Any participant under 18 years of age MUST HAVE:

- (1) a designated chaperone. Parent is responsible for finding a chaperone for their child.
- (2) written permission signed by a parent or legal guardian if planning to leave the ABLAZE 2017 Retreat during Retreat hours. The Chaperone must accompany minor to the sign-out monitor, and parent must come inside to pick up minor.
- (3) If your child is attending with a group/parish, submit your completed forms and payment to your Youth Minister/Group Leader.

**GROUP LEADERS:** Step 1: Email completed Form C (electronic registration list of group) to [ablaze.retreat@gmail.com](mailto:ablaze.retreat@gmail.com). Step 2: Mail all completed forms in one envelope for your entire group (youth and adults), with ONE CHECK\* per parish/group payable to ABLAZE 2017 by October 27, 2017 to:

ATTN: ABLAZE 2017  
St. Monica Catholic Church  
9933 Midway Road  
Dallas, TX 75220

\***GROUP LEADER:** Send one check for your parish/group. Do not send individual checks. Please write the name of your group on the check.  
*ALL forms are available in English and Spanish: [www.ablazeretreat.com](http://www.ablazeretreat.com)*