

THE DIOCESE OF PENSACOLA TALLAHASSEE PRESENTS

# ARISE

MIDDLE SCHOOL

# RETREAT



FEATURING  
JOHNNY PHILP

MARCH 28, 2020  
ST. MARY'S CATHOLIC CHURCH,  
FORT WALTON BEACH  
TO REGISTER:

Completed registration packet with \$30 fee due by Monday, March 9th.  
For more information or financial assistance, contact Lora @  
850-832-3986.

# PARENT /GUARDIAN CONSENT AND EMERGENCY MEDICAL RELEASE EVENT FORM

Name of the Event: \_\_\_\_\_

Destination: \_\_\_\_\_

Parish Name \_\_\_\_\_

Group Leader Name \_\_\_\_\_

Date and Anticipated Time of Departure: \_\_\_\_\_

Return: \_\_\_\_\_

Cost to Youth: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_

Name of Youth: \_\_\_\_\_ T-shirt size \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ (check one)

Home Address: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### **MEDICAL INFORMATION**

Please list all information pertaining to allergies, diet, special medications, health conditions or any other information necessary in an emergency situation.

Explain fully: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medications:** My child is taking the following medication(s):

Description \_\_\_\_\_ Dosage \_\_\_\_\_

Description \_\_\_\_\_ Dosage \_\_\_\_\_

Medical / Hospital Insurance

Carrier: \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Relation to participant \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

If you would like your youth to participate in this event, please sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by your youth.

I hereby consent to participation by my youth \_\_\_\_\_ in the event described above. I understand that this event will take place away from the parish grounds and that my youth will be under the supervision of the designated supervisor on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration for the opportunity for my child to participate, and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Diocese of Pensacola-Tallahassee and \_\_\_\_\_ Parish, and their employees, agents, volunteers, and other persons acting on their behalf. Neither the Diocese of Pensacola-Tallahassee, \_\_\_\_\_ Parish, nor said agents, employees, or volunteers, shall be held financially responsible for any injury, illness or death incurred as a direct or indirect result of this activity. We the undersigned have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I/we hereby authorize the Diocese of Pensacola-Tallahassee, and \_\_\_\_\_ Parish, through its authorized representatives, to transport my child to a hospital or other doctor's office or medical facility for emergency medical attention. I/We additionally authorize such representatives of the Diocese and/or School to obtain and give consent to whatever medical treatment the representative deems necessary, including the administering of anesthetic and surgery, and do hereby release the Diocese and \_\_\_\_\_ Parish, and their authorized representatives from any and all claims which may arise from the above-referenced obtaining and consenting to medical treatment. I/We wish to be advised, if possible, prior to the providing of any non-emergency medical treatment by any physician or hospital. If I/we are unable to be reached, please contact the following:

**Emergency contact and relation to participant** \_\_\_\_\_

**Address and Phone Number** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**This form must be with the head chaperone at all diocesan and parish events**



THE CATHOLIC DIOCESE  
of  
PENSACOLA-TALLAHASSEE

**Media Release Form**

I hereby authorize the Diocese of Pensacola-Tallahassee, including its parishes, schools, and institutions (hereinafter referred to as “Diocese of Pensacola-Tallahassee”) to use, prepare, reproduce, record, video tape, publish, distribute, broadcast, electronically store, and exhibit my name, image, portrait, likeness, words, and/or voice in connection with interviews, sessions, or events conducted, sponsored, or arranged by the Diocese of Pensacola-Tallahassee and its employees, volunteers, and agents. I acknowledge that any notes, photographs, motion pictures, digital images, recordings, or other media format taken of me will become the property of the Diocese of Pensacola-Tallahassee, and I specifically waive any right to compensation for the foregoing. I understand that my likeness, name, image, or voice may be used by the Diocese of Pensacola-Tallahassee without limitation for any professional purpose, now or in the future, and I consent to the same. This permission extends to any authorized print or broadcast media organization that may participate in such preparation, use, reproduction, publication, or distribution.

I release the Diocese of Pensacola-Tallahassee and its employees, volunteers, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I also hereby waive any right I may have to inspect and approve in advance the photographs, videos, sound recordings, or publications or media in which I am included. I agree to release the Diocese of Pensacola-Tallahassee and its employees, volunteers, agents and designees from any liability by virtue of the use of the photographs or video recordings, regardless of any blurring, distortion, optical illusion, or alteration which may occur when the photographs or videos are taken, printed, or displayed.

A photocopy of this release shall be as valid and enforceable as the original.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parent/ Guardian (print name): \_\_\_\_\_

\*Parent/Guardian (signature): \_\_\_\_\_ Date: \_\_\_\_\_

*\*The consent and signature of a parent or guardian is required for minors (under the age of 18).*