



**STEUBENVILLE ATLANTA 2017
LIABILITY RELEASE FORM**
(for youth and chaperones)

GROUP LEADER: _____

GROUP NAME: _____

PARTICIPANT'S INFORMATION: (please print)

LAST NAME: _____
 FIRST NAME: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____ ZIP CODE: _____
 PHONE #: _____
 EMAIL: _____
 BIRTH DATE: _____
 GENDER: MALE FEMALE
 GRADE ENTERING: 9 10 11 12 JUST GRAD.

PARENT/GUARDIAN INFORMATION: (if youth)

NAME(S): _____
 HOME PHONE: _____
 CELL PHONE: _____
 EMAIL: _____

EMERGENCY CONTACT: (youth and chaperones)

NAME: _____
 PHONE #: _____
 RELATIONSHIP TO PARTICIPANT: _____

HEALTH INFORMATION: (youth and chaperones)

DOCTOR: _____
 DOCTOR PHONE #: _____
 INSURANCE CO.: _____
 INSURANCE ID #: _____
 INSURANCE GROUP #: _____
 CARDHOLDER'S NAME: _____

PARTICIPANT'S ALLERGIES (including meds and food): _____

PARTICIPANT'S CHRONIC MEDICAL PROBLEMS (e.g. diabetes): _____

CURRENT MEDICATION & DOSAGE (prescription & over the counter): _____

WAIVER:

I, _____, am either an emancipated adult or the parent or guardian of a minor child who will be participating in the Life Teen Steubenville Atlanta event. I am fully aware that my own/my child's participation in Steubenville Atlanta is totally voluntary. In consideration of Life Teen's agreement to permit me/my child to participate in Steubenville Atlanta, the receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:

I, individually, and on behalf of my minor child, if applicable, and our respective heirs, successors, assigns and personal representatives, hereby:

1. Release, acquit and forever discharge Life Teen, Steubenville Atlanta, Franciscan University of Steubenville, and the site organization(s) and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability whatsoever for any and all damages, losses or injuries to persons or property or both which arise out of, during or in connection with my/my child's participation in Steubenville Atlanta which may be sustained or suffered by me/my child or any person in connection with my/my child's association with, or participation in, activities at, sponsored by, or arising out of my/his/her travel to or from Steubenville Atlanta;
2. Agree to indemnify, defend and hold harmless Life Teen, Steubenville Atlanta, Franciscan University of Steubenville, and the site organization(s) and their employees, agents, servants, officers, trustees and representatives, in their official and individual capacities, from any and all liability, loss or damage they incur or sustain as a result of any claims, demands, actions, causes of action judgments, costs or expenses, including attorneys fees, which result from arise out of relate to my/my child's participation in Steubenville Atlanta including my/his/her travel to or from Steubenville Atlanta.

I hereby acknowledge and accept that:

1. There are certain risks arising from various activities, including but not limited to bodily injury, that could result from my/my child's participation in Steubenville Atlanta. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of Life Teen's permission to allow me/my minor child to participate in Steubenville Atlanta;
2. My and, if applicable, my child's personal property is at my risk entirely;
3. Life Teen reserves the right to decline to accept or retain me/my child in Steubenville Atlanta at any time should my/his/her actions or general behavior impede the operation of Steubenville Atlanta or the rights or welfare of any person. I understand that I/my child may be required to leave Steubenville Atlanta in the sole discretion of Life Teen's agents and representatives. In such an event, no refund will be made for any unused portion of Steubenville Atlanta. I understand that Life Teen, in its sole discretion, reserves the right to cancel Steubenville Atlanta or any aspect thereof prior to commencement.

I represent and warrant that I am/my child is covered throughout Steubenville Atlanta by a policy of comprehensive health and accident insurance which provides coverage for injuries which I/ he/she may sustain as part of my/his/her participation in Steubenville Atlanta. I agree to complete the HEALTH INFORMATION above to the best of my ability and, by its completion, I hereby release and discharge Life Teen, Steubenville Atlanta, Franciscan University of Steubenville, and the site organization(s) of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expense/he/she may incur while participating in Steubenville Atlanta. By completing the form, I hereby authorize Life Teen to obtain any necessary medical treatment to myself/ my child, consent to any necessary examination, treatment, or care under the supervision and/or advice of any properly licensed medical professional and explicitly authorize Life Teen to release medical information about me/my child to any person or entity to whom Life Teen refers me/my child for medical treatment.

I agree that this Agreement is to be construed pursuant to the laws of the State of Arizona and is intended to be as broad and inclusive as permitted by law, and if any portion hereof is held invalid, it is agreed that the balance hereof shall continue in full legal force and effect. In addition, I agree that any legal action arising out of or in relation to this Agreement must be brought in a Maricopa County, Arizona court.

I hereby grant to Life Teen, Steubenville Atlanta, Franciscan University of Steubenville, and the site organization(s) my consent without reservation to use, assign, convey, reproduce, copyright, publish or sell my/my child's name, voice, image, and/or likeness that arises from his/her participation in Steubenville Atlanta, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at Life Teen's sole discretion.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well as, if applicable, those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Signature: _____
(must be signed by parent/guardian if participant is a minor)

Print Name: _____

Dated: _____

ADDITIONAL PARTICIPANT INFORMATION:

LAST NAME: _____

FIRST NAME: _____

Adult T-shirt Size: S M L XL XXL

Dietary Restrictions (*check all that apply*): Gluten Free
 Vegetarian
 Peanut-Free
 None

FOR ADULT LEADERS/CHAPERONES ONLY:

Full Legal Name: _____

Are you a parish or school employee? Yes No