

Adult YOUTH MINISTRY EVENT PARTICIPATION RELEASE  
EVENT INFORMATION

Event Description: Fall High School Retreat Chaperone

Purpose of Event: Spiritual Formation

Date/Approx. Time of Departure: Check-in is from 6:30-7pm at St. Felix on Friday November 18th

St. Felix Address: 1280 Hitzfield St, IN 46750 Date/Approx.

Time of return: Pick up at St. Felix 11:30am on Sunday, November 20th

Mode of Transport: On your own

Individual(s) in charge: Stacey Huneck, Anna Laisure, & Emma Peat

Emergency Contact info: (260)207-4677

PARTICIPANT RELEASE\*:

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

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

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

Email: \_\_\_\_\_

If you would like to participate in this event, please fill in the blanks, date, and sign:

Name of Participant: \_\_\_\_\_

Parish: \_\_\_\_\_

RELEASE OF LIABILITY FOR THE DIOCESE OF FORT WAYNE-SOUTH BEND I hereby acknowledge recognition that participation in the event may expose myself to risks and hazards. Further, on behalf of myself, I hereby release and agree to hold harmless the above named parish and the Diocese of Fort Wayne-South Bend, Inc. to the fullest extent permitted by law from any and all claims, judgements and liability of every kind for any injury and damage of any kind, whether personal or property, that I or any one of us may suffer or incur due to my participation in the event, regardless of whether the injury or damage is attributable to the fault of parties other than the Parish or Diocese or attributable to the fault, including negligence, of the Parish or Diocese.

I agree to follow the rules of conduct as directed by the parish youth ministry program and Diocese.

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Date	Signature	Printed Name
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\*A new Event Participation form must be completed for each Event. Information provided in the Annual Emergency Medical Care Form will apply to each Event in which you participate during the Youth Ministry Program year. Participants are responsible for updating the information on that form should changes occur during the Youth Ministry Program year.