FOUNDERS OF FAITH Activity

**When:**
Saturday September 26, 2020

**Where:**
Saint Joseph Church
5757 State Route 383 N.E.
Somerset, Ohio 43783

**What:**
In commemoration of Ohio’s Bicentennial in 2003, this activity was developed to help Participants explore the growth of the Catholic Church from its beginnings in Maryland to its expansion west into the Ohio Territory.

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**Time:**
Check-in Saturday at 8:15 a.m.
Program starts at 8:30 a.m.

Concludes after 5:00 p.m. Mass on Saturday

**Registration Fee:**
$20.00/person by Sept 1, 2020,
$25.00/person after Sept 1, 2020,
(Registration Fee includes lunch, emblem and activity supplies.)

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**Who May Participate**
This activity is special for anyone, male or female, youth or adult, who is at least 11 years old. Many fun activities include gravestone rubbing, games and a museum tour. Come and learn about the local history where the first Catholic Mass in Ohio was celebrated.

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**Act Now!**

**Register Today!!!**
Founders of Faith in Ohio Activity
Registration Form

Early Bird fee by Sept. 1, 2020 $20 per person. Regular registration fee after Sept. 1, 2020 is $25 per person.
Mail to: Catholic Committee on Scouting, C/o Office of Youth and Young Adult Ministry, 197 E. Gay Street, Columbus OH 43215 or catholicscouting015@gmail.com

| Name ____________________________ | Home Phone ____________________________ |
| E-Mail __________________________ | Cell Phone ____________________________ |

| Home Address ____________________________________________ |

| Male [ ] Female [ ] Youth DOB ____________ Grade ______ | or, Check here for Adult (18+) [ ] |

| Church/Parish ____________________________________________ |

| Scouts: Unit Number ________ Rank ____________ Unit Leadership Position ____________ |
| (If applicable) |

Please list any dietary restrictions, allergies or related conditions. We will make every attempt to accommodate your needs. ____________________________________________

Each group is responsible for its own Health/Medical Forms + Tour Permits. These forms must accompany a group leader during the activity, or turn them in at Registration Table, upon arrival at the Activity.

RELEASE AND INDEMNIFICATION AGREEMENT
As the above-named participant, I hereby register for and commit to attend this activity/program. As a parent or guardian of the above-named participant, I give my permission for my child or ward to register for this activity. The undersigned parent/guardian releases and holds harmless the Diocese of Columbus and the diocesan Catholic Committee on Scouting, as well as any employee, agent, or representative thereof, from any and all liability, actions, causes of actions, claims, judgments, costs, or expenses arising out of, or in any way related to, injury, illness, or loss incurred by the participant while participating in or traveling to or from this activity.

CODE OF BEHAVIOR
Participants must stay and participate in the entire event. Participants may not leave the premises unless accompanied by an adult leader, parent, or legal guardian. The possession or use of alcohol, tobacco, drugs, or weapons of any kind, or foul language is not allowed. Participants must heed all directions of activity staff. Participants must respect the rights and property of others. Damage to or defacing of any property will be the financial responsibility of the participants involved and the participant’s parents/legal guardians.

PHOTO RELEASE
I hereby assign and grant to the Diocese of Columbus Catholic Committee on Scouting (DCCS) the right and permission to use and publish the photographs, film, videotapes, electronic representations and/or sound recordings made of me or my child by DCCS, and I hereby release the DCCS from any and all liability from such use and publication. I hereby authorize the reproduction, exhibit, broadcast, electronic storage, and/or distribution of said photographs, film, videotapes, electronic representations and/or sound recordings without limitation at the discretion of the DCCS, and I specifically waive any right to any compensation I may have for any of the foregoing. (Note that the DCCS will use discretion in the use of the materials and will rarely associate real names with photos.)

I have read and understand all that is contained in this agreement. I understand that failure to abide by these requirements may result in a request to my parents/legal guardians to transport me from the premises.

Participant’s signature ____________________________ Date ____________________________

Parent/guardian’s signature ____________________________ Parent/guardian’s name (printed) ____________________________ Date ____________________________

(Chaperones are considered participants at same Fee.)