DIOCESE OF COLUMBUS

REGISTRATION/PERMISSION/RELEASE AND INDEMNIFICATION AGREEMENT

I. PERMISSION

By checking “I have read and agree to all the terms and conditions” the person submitting this form hereby state(s) that (he/she/they) (is/are) the (parent/parents/guardian) of the named Participant in the form and have full legal responsibility for the Participant. The undersigned hereby grant(s) permission for the Participant to participate in the National Catholic Youth Conference with the Diocese of Columbus on November 21-24, 2019 in Indianapolis, IN.

II. RELEASE AND INDEMNIFICATION

A. Release. The person submitting this form on behalf of themselves, the Participant, and the heirs, successors and assigns of themselves and the Participant, hereby release, hold harmless from any liability, and discharge from all direct or derivative claims, actions, causes of actions, medical expenses, costs, legal expenses, other expenses and all other damages at law or in equity, known or unknown, direct or indirect, choate or inchoate against the Diocese of Columbus, the Parish and all current and former employees, agents, clergy, officers and volunteers of the Diocese of the Parish, arising from the Participant’s participation in the Activity named in Section I above.

B. Indemnification. The person submitting this form shall indemnify and hold harmless the Diocese of Columbus, the Parish, and all current and former employees, agents, clergy, officers and volunteers of the Diocese of Columbus or the Parish from any claim, liability, suit, judgment, loss, damage, expense, fee or cost (including court costs and attorney fees) arising directly or indirectly from the Participant’s participation in the Activity named in Section I above, unless arising from the negligence of an indemnified party.

III. EMERGENCY MEDICAL CONTACT AND TREATMENT

Emergency Medical Treatment

In the event of an emergency, the person submitting this form hereby give(s) permission to transport the Participant to a hospital for emergency medical or surgical treatment. The person submitting this form wish(es) to be advised prior to any further treatment by the hospital or doctor.

IV. CODE OF BEHAVIOR

The Participant shall comply with the following:

1. The Participant must stay and participate in the entire event. The Participant may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Foul language is not tolerated.
4. The Participant must comply with any and all directions of activity staff.
5. The Participant must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the Participant involved and the undersigned.
6. Failure to abide by this Code of Behavior may result in a request to the parent/parents/guardian to transport the offending Participant from the premises, and the undersigned shall immediately comply with the request.

V. “I HAVE READ AND AGREE TO ALL TERMS AND CONDITIONS”

BY CHECKING “I HAVE READ AND AGREE TO ALL TERMS AND CONDITIONS” THE PERSON SUBMITTING THIS FORM AGREES THEY HAVE READ, UNDERSTAND AND HEREBY AGREE TO AND ACCEPTS ALL PROVISIONS IN THIS AGREEMENT.