



P: 404-252-8815

F: 404-252-8818

Life Teen Events
6105 Blue Stone Rd. Ste. B
Atlanta, GA 30328
events@lifeteen.com

EVENT: _____

PARTICIPANT AGREEMENT FORM
(for youth & adults)

PARTICIPANT'S INFORMATION: (please print)

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE #: _____

EMAIL: _____

BIRTH DATE: _____

GENDER: [] MALE [] FEMALE

PARISH: _____

DIOCESE: _____

HEALTH INFORMATION:

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): _____

PARTICIPANT'S OTHER PHYSICAL RESTRICTIONS: _____

EMERGENCY CONTACT:

NAME: _____

PHONE #: _____

RELATIONSHIP TO PARTICIPANT: _____

WAIVER:

I, _____, am either an emancipated adult or the parent or guardian of a minor child who will be participating in the Life Teen Inc. ("Life Teen") Event. I am fully aware that my own/my child's participation in The Event is totally voluntary. In consideration of Life Teen's agreement to permit me/my child to participate in The Event, 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 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 The Event 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 The Event;
2. Agree to indemnify, defend and hold harmless Life Teen 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 The Event including my/his/her travel to or from The Event.

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 The Event. 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 The Event;
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 The Event at any time should my/his/her actions or general behavior impede the operation of The Event or the rights or welfare of any person. I understand that I/my child may be required to leave The Event 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 The Event. I understand that Life Teen, in its sole discretion, reserves the right to cancel The Event or any aspect thereof prior to commencement.

I represent and warrant that I am/my child is covered throughout The Event 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 The Event. I agree to complete the HEALTH INFORMATION section to the best of my ability and, by its completion, I hereby release and discharge Life Teen of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expense I/he/she may incur while participating in The Event. 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 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 my/his/her participation in The Event, 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: _____

PARENT / GUARDIAN

PERMISSION SLIP / MEDICAL AUTHORIZATION / INDEMNITY AGREEMENT

SPONSOR OF ACTIVITY Prince of Peace Youth Ministry

ACTIVITY Steubenville West Catholic Youth Conference 2018

DATE(S) OF ACTIVITY July 13-15, 2018

PLACE OF ACTIVITY The University of Arizona, Tucson, AZ 85721

As parent and/or legal guardian of _____, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend _____

Name of Parish/School

its officers, directors, employees and agents, and the Archdiocese of Santa Fe, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Archdiocese of Santa Fe, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Archdiocese of Santa Fe.

I hereby authorize the Supervisor of the activity or his/her designee to act in my behalf to authorize such medical attention, surgery, or other health care services, as may be recommended in an emergency situation while participating in the activity. If the below named physician cannot be reached, I hereby authorize any licensed physician or medical center to treat my child.

I hereby authorize the Supervisor of the activity or his/her designee to administer the following medication to my child according to the instructions described here:

Medication _____

Directions: _____

If the medication is prescribed by a doctor, the prescription in its original container will be provided to the Supervisor of the activity.

Name of Physician _____ Phone _____

Signature: _____ Date: _____
Parent/Guardian

Print Name: _____

Phone: _____ Home _____ Work _____