DIOCESE OF GARY TAPT RETREAT • MARCH 16-17, 2019

Consent to Participate, Waiver and Release

Participant Information

Name: _____ _____ Date of Birth: _____

Street: _____ City: _____ State: _____Zip: _____

Name of Parent(s) or Legal Guardian(s): _____ Phone: _____

In the case of an emergency, if I cannot be contacted at the address or phone number provided above, please contact: _____ Phone: _____

Activity Information

Parish/Organization: **DIOCESE OF GARY**
Activity: **TAPT retreat**
Place: **U.S. Steel Yard; One Stadium Plaza; Gary, IN 46402**
Date of Activity: **March 16-17, 2019** Event Contact Number: **219-552-4060**
Adult Chaperone(s): **Kevin Driscoll, Diocese of Gary**

Authorization and Waiver of Risk

I hereby agree and consent to my son/daughter _____ ("Child") participating in the above-named "Activity", which includes traveling to and from the above-named "Place." I further consent to my Child traveling to and from the above-named "Place" by way of _____. I acknowledge that, despite careful and proper preparation, there is still a risk of injury when participating in any activity. I release and hold harmless the Diocese of Gary, the Parish, the Parish Youth Minister, the Parish Chaperone, as well as any and all other participating organizations, their officers, agents, representatives, employees, and volunteers from any and all responsibility and liability for any injury, claim, costs, or any other damages whatsoever which may result from my Child's participation in the above-named "Activity". I further agree to assume full responsibility for the actions of my Child as well as for the payment of any and all debts incurred by my Child during his/her visit and participation in the above-named "Activity."

Authorization for Emergency Medical Treatment

I hereby agree and consent to my son/daughter _____ ("Child") receiving emergency medical treatment in my absence should the need for such treatment arise during my Child's participation in the above-named "Activity".

Should the need for emergency medical treatment arise, the following health information pertaining to my Child is voluntarily disclosed:
a) Special Dietary Needs: _____
b) Medications: _____
c) Allergies: _____

Promotional Photographs

In the interest of promoting future activities, video and still photographs may be taken during this event. This form constitutes written permission for Child's participation in the videotape and/or photographs, which may be used for future promotional efforts, including the Diocese of Gary website (names are not used in photos).

By signing this Consent to Participate, Waiver and Release, I hereby acknowledge that I have read and fully understand the provisions contained above, and I knowingly consent to my Child participating in the above-named "Activity" and agree to be bound by the terms and provisions of this Consent to Participate, Waiver and Release.

_____ _____
Signature(s) of Custodial Parent(s) Date

_____
Printed Name(s) of Custodial Parent(s)

This form should be delivered to OYYA on or before March 11:

MAIL/DROP OFF: TAPT Form – Emily Sutton; Diocese of Gary OYYA; 9292 Broadway; Merrillville, IN 46410

EMAIL: Scan this page as a PDF/hi-rez JPG and attach it to an email. Email: esutton@dcgary.org

FAX: 219-738-9034

FORMS MAY BE DOWNLOADED AND PRINTED AT GARYTAPT.COM