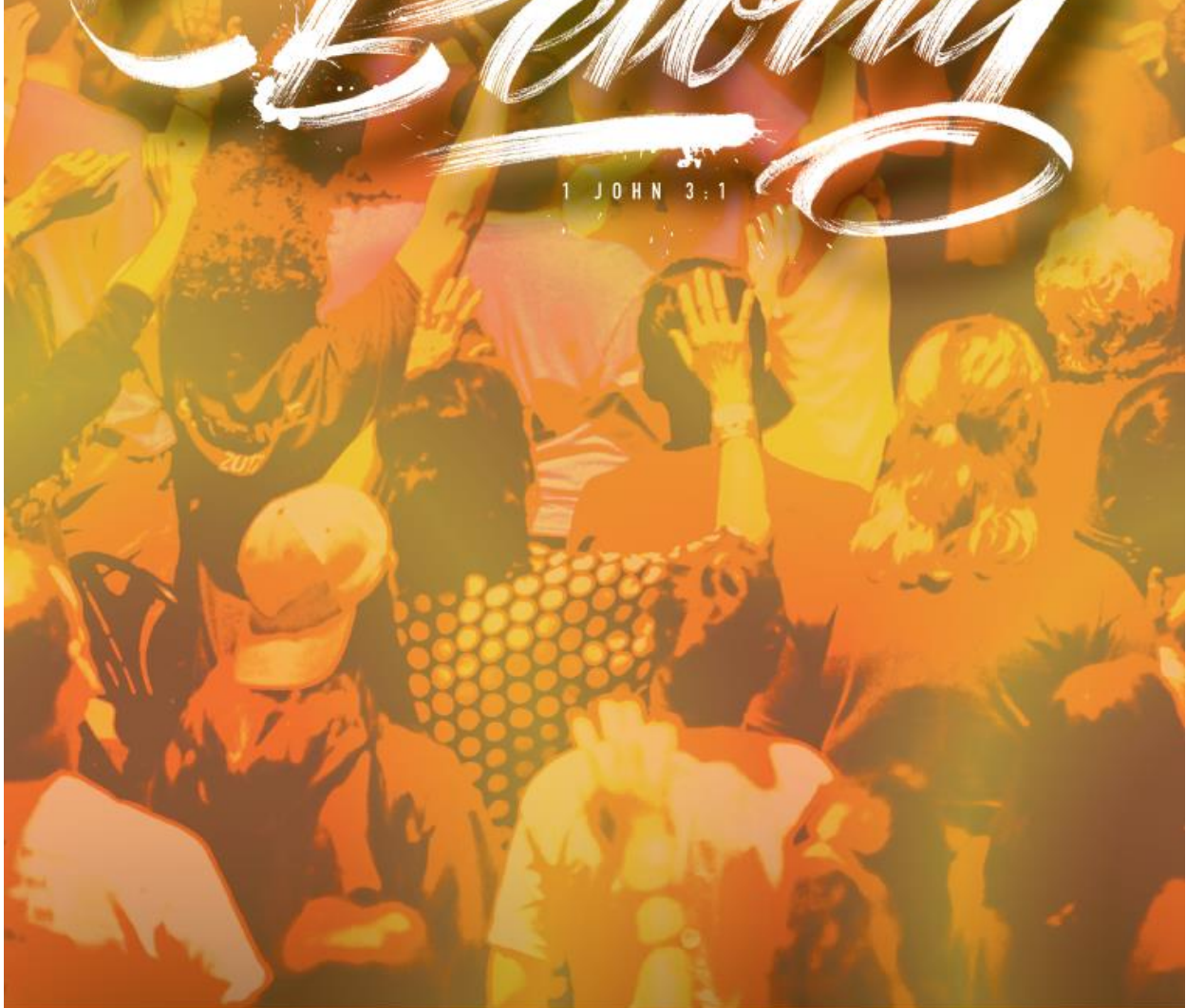


SUMMER 2019

# Belong

1 JOHN 3:1



STEUBENVILLE  
CONFERENCES

An outreach of Franciscan University of Steubenville



FRANCISCAN UNIVERSITY  
OF STEUBENVILLE

June 21-23, 2019

Deposit of \$50 and the attached Permission Slip  
DUE no later than January 7<sup>th</sup>

Questions? Email [Angelle aschott@avemariacatholicparish.org](mailto:Angelle.aschott@avemariacatholicparish.org)

# PERMISSION SLIP

I hereby give permission for my child/children, \_\_\_\_\_  
\_\_\_\_\_ to participate in the activity described below:

Title of Activity: Steubenville of the Rockies Youth Retreat

Description of Activity: Youth Retreat

Supervisor of Activity: Angelle Schott

Date and Time of Activity: June 21<sup>st</sup> – 23<sup>rd</sup> 2019

Method of Transportation: will be arranged – car pooling

Tee-shirt size (circle one):            S                            M                            L                            XL

Cost: \$210 + money for tshirt - optional (\$15)

My child or children has/have no medical or physical limitations which might limit his/her or their participation in the activity other than those which I have described on the page which I have attached to this Permission Slip. As parent or guardian, I agree that I shall be fully responsible for any injury, harm, or property damage caused by my child to children during the activity. Should my child or children misbehave during the activity, I hereby give permission for the Supervisor of the Activity or his or her designee to direct my child to stop misbehaving, to take “time out,” or be returned home by appropriate means, at my expense.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Address (include state/zip code)

\_\_\_\_\_  
Emergency Phone Numbers

Please return form by: January 7<sup>th</sup>, 2019

**ACTIVITY RELEASE**

*For those 18 years of age or older, all parents, and all guardians:*

I consent for any of my children listed below to participate in any activity or trip sponsored by the Diocese of Colorado Springs or its affiliates\* (collectively, "the Diocese"). In case of medical need, I authorize the Diocese to arrange for medical or dental services for me and any of my children listed below. I agree that any such expense will be my obligation.

I, individually, and in my capacities as parent, guardian, or next friend of my children:

\_\_\_\_\_ waive, release, and indemnify the Diocese and its agents, directors, officers, employees, and volunteers (collectively, the "Released Parties") from all claims or liability which have arisen or may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such claims or liability. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct or gross negligence.

This Activity Release is revocable prospectively only by a writing signed by me which bears the date that the revocation is delivered to the Diocese.

\_\_\_\_\_ Date Signature \_\_\_\_\_

\_\_\_\_\_ Date Signature \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Medical Insurance Company and Policy Number: \_\_\_\_\_

Authorized Medications: \_\_\_\_\_

Family Physician/Emergency Contact and Phone: \_\_\_\_\_

Special considerations or needs (allergies, asthma, etc.) \_\_\_\_\_

*For all those over 14 and under 18 years of age:*

I waive, release, and indemnify the Released Parties as identified above from all claims or liability which has arisen or which may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me or my property.

\_\_\_\_\_ Date Signature \_\_\_\_\_ Date Signature \_\_\_\_\_

\*"Affiliates" includes all Diocesan parishes, missions, schools, and ministries and also Catholic Charities of Colorado Springs, Inc., Partners in Housing, Inc., Ave Maria Catholic School Corporation, and the Catholic Foundation of the Diocese of Colorado Springs, Inc., Villa San Jose & Villa Santa Maria, Queen of Heaven Cemetery.

# EMERGENCY CONTACTS:

**Please note: Emergency Contacts are NOT parents.**

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

City/State \_\_\_\_\_

Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

City/State \_\_\_\_\_

Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_

*In order to best serve your child in the classroom, we need to know of any medical conditions or special instructions, physical or psychological impairments (i.e. allergies, learning disabilities, etc.)*

Name: \_\_\_\_\_ Concern: \_\_\_\_\_

Name: \_\_\_\_\_ Concern: \_\_\_\_\_

Name: \_\_\_\_\_ Concern: \_\_\_\_\_