

## Our Lady of Pompeii Youth Ministry

**Event(s):** Middle School Thrive!

**Cost:** Individual Registration - \$25

**When:** Monday, August 3 - Friday August 7, beginning with 6:30 Mass & activities until 9:30

**Transportation:** Students are responsible for transportation to and from OLP for this event

**Location(s):** Our Lady of Pompeii 129 Laverack Ave, Lancaster NY 14086

Participant Info:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Medical Info/ Allergies: \_\_\_\_\_

Emergency:

Name(s): \_\_\_\_\_ Parent Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

**Release:** The undersigned do hereby release, forever discharge and agree to hold harmless The Diocese of Buffalo and Our Lady of Pompeii from and against any and all liability, claims, demands, lawsuits and expenses of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant (if participant is 18 or under, 18 or older) while attending Thrive!. The undersigned further agrees to indemnify and hold The Diocese of Buffalo and Our Lady of Pompeii Parish and its respective members, directors, employees, volunteers and agents (collectively the "Indemnities") harmless from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses and costs sustained by the Indemnities as a result of negligent, willful or intentional acts of the undersigned and/or participant (if participant is 18 or under, 18 or older). **Medical Care:** I hereby give permission to Our Lady of Pompeii and its respective staff and adult volunteers to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery and I (we) fully and completely assume all responsibility for all medical bills. This authorization also permits my youth to receive such treatment only after such a reasonable effort has been made to reach me. Further, should it be necessary for my youth to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs. **Permission:** In signing this I am granting my youth permission to participate in Thrive! hosted by Our Lady of Pompeii Parish. As well I am aware of the rules and responsibilities that my son/daughter is expected to uphold and respect. **Photography:** I understand my son/daughter's photograph and/or likeness and name may be used in a future promotion by Our Lady of Pompeii Parish whether that be a parish publication, website or video publication.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_