

St. Aloysius High School Youth Group attends Abbey Youth Fest 2017

Saturday, March 25th at St. Joseph's Abbey near Covington

Drop off at St. A by 7:15 am; pick up at St. A for 11:00 pm

Cost: \$65

Participant Information – please print

Name: _____ Grade: _____ Birth Date: _____

E-mail: _____ Cell Phone: _____

Home Address: _____ Zip: _____

Parent/Guardian Information – please print

Name(s): _____ Home Phone: _____

E-mail(s): _____

Cell Phone: (mom) _____ (dad) _____

Emergency Contact Information – please print

Name: _____ Relation to Participant: _____

Home Phone: _____ Cell Phone: _____

I, _____, grant permission for my child, _____, to participate in this parish event at Abbey Youth Fest that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from St Aloysius Catholic Church.

A brief description of the activity follows:

Type of event: Abbey Youth Fest

Date of event: March 25, 2017

Destination of event: St. Joseph's Abbey

Individual in charge: MacDougall Womack and the Adult Core Team

Time: Parents drop off at 7:15 am at church and pick up at 11 pm at church

Mode of transportation to and from event: bus and private vehicle

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by _____ ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Aloysius Catholic Church, its officers, directors, employees, chaperones, and agents, and the Diocese of Baton Rouge, its employees and agents, chaperones, 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 St. Aloysius Catholic Church, its officers, directors and agents, and the Diocese of Baton Rouge, its employees and agents and chaperones, 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 or the Diocese of Baton Rouge.

Parent/Guardian Signature: _____ Date: _____



SAINT JOSEPH ABBEY + SEMINARY COLLEGE
Abbey Youth Festival

LIABILITY & PHOTO RELEASE FORMS - PLEASE PRINT CLEARLY

**** FORMS MUST BE COMPLETED FOR/BY EACH PERSON ATTENDING! ****

Participant's Name _____

Date of Birth: _____ Gender: _____ Phone: _____

Parent/Guardian Cell: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Leader's Cell Phone: _____

Group Name: _____

Group Leader's Name: _____

PARENT/GUARDIAN

I, _____ (name), give permission to my above mentioned son/daughter to attend the Abbey Youth Festival to be held on March 25, 2017. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by appropriate health care personnel. I release Saint Joseph Abbey and Saint Joseph Seminary College and its agents of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

I have read, and my child agrees to abide by all the rules and regulations as listed on the "Abbey Youth Festival 2017 Policies and Procedures" form as they are enforced by the Festival staff. I understand that Saint Joseph Abbey and Saint Joseph Seminary College will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the Abbey Youth Festival at my expense.

Signature of Parent/Legal Guardian _____ Date _____

Printed name of Parent/Legal Guardian _____

Family Physician Telephone #: _____

Allergies _____

Current Medications _____

Medical History _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____



SAINT JOSEPH ABBEY + SEMINARY COLLEGE
Abbey Youth Festival

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Fax: 985-867-2270

www.AbbeyYouthFest.com

PHOTOGRAPHY CONSENT AGREEMENT & RELEASE OF LIABILITY - PLEASE PRINT CLEARLY

(Adult & Minor Participant Form) ** FORMS MUST BE COMPLETED FOR/BY EACH PERSON ATTENDING! **

In consideration of the taking and use of the photographs of the named below ("Adult" or "Minor"), for good and valuable consideration herein acknowledged as received, I hereby grant to the Abbey Youth Festival and Saint Joseph Abbey and Seminary College the irrevocable and unrestricted right and permission to take, use, re-use, publish, and republish photographic pictures of the "Adult or Minor" or in which the "Adult or Minor" may be included, made through any medium and in any and all media now or hereafter known for illustration, promotion, art, editorial, advertising, trade, or any other purpose whatsoever. I also consent to the use of any published matter in conjunction therewith.

I hereby waive any right that I or the Minor may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

In exchange for the benefits derived by my participation and/or the Minor's participation in this project, I hereby agree that I, my heirs, distributees, guardians, legal representatives, and assigns do release and will indemnify, hold harmless the photographer, Abbey Youth Festival, its agents, and Saint Joseph Abbey and Seminary College for claims for libel or violation of any right of publicity or privacy arising out of or in connection with my participation or the Minor's participation in the photography project, from whatever cause, including the active or passive negligence of the photographer, Abbey Youth Festival, its agents, or Saint Joseph Abbey and Seminary College.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Participant: Minor (Print Name) _____

Signature of Parent/Guardian for consent: _____

Print Parent's Name: _____

Participant: Adult (Print Name) _____

Signature of Adult: _____

Forms must be printed out, completed, and turned in the morning of March 25, 2017 at the Abbey Youth Festival Check-In/Registration Barn