

St. Gabriel VBS Discovery Mission - Summer 2019

Registration and Release Form

VBS Program- VBS for ages 4- 12 meets on Monday-Friday from 9:00am-noon for prayer, classes, games, skits, and snack. VBS for grades 7-12 meets on Monday-Friday from 1:00pm-3:00pm for prayer, classes, snacks, and activities on St. Gabriel's campus. Tuesday evening activity will take place __ at the pool at Robert's Park in Connersville _____ and no transportation will be provided by the parish.
(Name and Address of Location)

Church Agency St. Gabriel Usual Location St. Gabriel Campus
 Starting Date 7-8-19 Ending Date 7-12-19 Registration Fee free
 Group Leader Jeanette Bischoff & Kate Vu Telephone No. 765-825-8578

| <u>Name of Student(s)</u> | <u>Date of Birth</u> | <u>Grade Entering</u> | <u>School</u> |
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Registration Fee is FREE /student with a maximum of _____ /family

Medical/Liability Information — Completed by Parent or Guardian — Please Print

Mother's Name _____ Father's Name _____
 Mother's Maiden Name _____ Child's Soc. Sec. No. * _____
 Home Address _____ City _____ Zip _____
 Chronic Conditions (e.g. epilepsy, diabetes) _____
 Allergies/Medications _____
 Other information we should know about your child _____
 Parent/Guardian Place of Employment _____
 Parent or Guardian Contact No. (c) _____ (h) _____ (w) _____
 E-mail Address (Notification sent for cancellation) _____
 Emergency Contact _____ Phone No. (c) _____ (h) _____
 Medical Insurance Co. _____ Policy No. _____
 Member's Name _____ Phone No. (h) _____ (c) _____
 Member's Birth date ____ / ____ / ____ Member's Soc. Sec. No. * _____
 Family Doctor _____ Phone No. _____

* Social Security Number is optional.

ARCHDIOCESE OF INDIANAPOLIS
PERMISSION, RELEASE AND
AUTHORIZATION TO SEEK MEDICAL TREATMENT (rev. 05-2019)

1. I, the parent or lawful guardian of _____ (the "child"), give permission for my child to participate in the activity described on the *Activity Information* form (the "Activity") and release from all liability and indemnify the Archdiocese of Indianapolis (the "Archdiocese"), the Archbishop of Indianapolis (the "Archbishop"), both individually and as trustee for the Archdiocese, and all parishes and schools within the Archdiocese, and their respective officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the Activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits or actions against the Archbishop, the Archdiocese, and their respective officers, agents, representatives, volunteers and employees.

2. I further understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks.

3. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.

4. I appoint the Archbishop or his agents who are acting as leaders of the Activity to seek medical treatment of my child in the event of any injury, illness or medical emergency occurs during the activity or related travel. I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

5. I agree do not agree that the Archbishop or his agents may use my child's portrait or photograph or video for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities.

6. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Indiana, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Indiana, except for the choice of law provisions thereof.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature of Parent or Guardian _____ Date __/__/_____

Signature of Witness: _____ Witness Name (please print): _____

Home Address _____ City _____ Zip _____

Place of Employment _____

Work Address _____ City _____ Zip _____

Parent or Guardian Phone No. (cell): _____; (other Phone No.): _____

Emergency Contact Phone No. (cell): _____; (other Phone No.): _____



PHOTO RELEASE

I hereby grant **St. Gabriel Church & Archdiocese of Indianapolis** (the "Church") permission to use my likeness in any photograph, video or other digital or print reproduction (the "Materials") in any and all of its publications, including websites, without payment or any other consideration. I understand and agree that the Materials will become the property of the Church and will not be returned. I hereby irrevocably authorize the Church to edit, alter, copy, exhibit, publish or distribute the Materials for purposes of publicizing its programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the Materials and to receive any royalties or other compensation arising or related to the use of the Materials. I hereby hold harmless and release the Church and its representatives from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature) (Date)

(Printed Name)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:
I hereby certify that I am the parent or guardian of _____, named above,
and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's
Signature) (Date)

(Parent/Guardian's Printed Name)
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