



# DIOCESE OF TRENTON AND SAINT ALOYSIUS YOUTH MINISTRY CONSENT AND RELEASE FORM

To make sure that you have the most powerful experience possible, we ask that everyone stay for the entire retreat (25 hours).  
No teen can register for a half day or leave early (before the retreat ends).

## Event Information

Event: \_\_\_\_\_ AYM Overnight Retreat 2018 (for everyone in grade 8<sup>th</sup> through 12<sup>th</sup>)

Date/Time: \_\_\_ Friday, July 13<sup>th</sup> 7:00 PM to Saturday, July 14<sup>th</sup> 8:00 PM

Location: \_\_\_ St. Aloysius Parish, 935 Bennetts Mills Road, Jackson, NJ 08527

## Participant Information

**[Please Print]**

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Your Grade in school: \_\_\_\_\_

Address: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

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

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

## Consent and Release Information

**[Please read the following very carefully]**

**General:** By signing this waiver form, I acknowledge that I/my child am/is physically and mentally able to participate in youth ministry activities. I acknowledge that there are certain risks involved in said activities. I release Saint Aloysius Parish, The Diocese of Trenton, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to me during the course of these activities. In the event of an emergency in which I, or the alternate contact, cannot be reached, I authorize the adult leaders to make medical decisions for me, and to administer first aid if deemed necessary. I further agree to indemnify and hold harmless Saint Aloysius Parish, The Diocese of Trenton and its affiliates, volunteers, and employees of any and all claims arising from the participation in activities or as a result of injury or illness during such activities. I have read the Waiver Form and I am fully aware of its contents.

**Publicity:** On occasion, The Diocese of Trenton and Saint Aloysius may take photographs or makes an audio/video recording of those involved in parish /youth activities. I consent to the use of any such photographs, or audio or video recordings of the individual named above to be used, distributed or displayed as agents of Saint Aloysius staff see fit (ex.: Diocesan/St. Aloysius websites; Facebook; YouTube; Diocesan/St. Aloysius Blog; the Monitor etc.).

**Transportation:** I hereby grant Saint Aloysius Parish, the Diocese of Trenton and its agents to transport my child during the aforementioned event. Transportation to and from said event is to be decided between myself and the Saint Aloysius Youth Ministry program to which my child belongs. I understand that this event/activity/retreat may take place outside of my parish and that it is under the direction and guidance of Saint Aloysius Parish, the Diocese of Trenton along with supervision of other volunteers/employees. I agree that in consideration of our child being permitted to join said event/activity/retreat, we hold each harmless and indemnify the Parish and DOT and their agents against any and all forms of claims for injury to our child involving said event/activity/retreat.

## Signatures

*[Parent/Guardian Signature is not required for young adults age 18 and over]*

Participant- Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian-Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_