

OLMC Junior High Advent Adventure

Teens Name: _____

Parent Emergency Contact Info:

Name: _____; Phone Number: _____

2nd Emergency Contact:

Name: _____; Phone Number: _____;

Relationship: _____

Parental Permission:

We, the parents or guardians of _____, permit our daughter to participate in the OLMC Junior High Advent Adventure held at Clay Terrace in Carmel, Indiana on Saturday, Dec. 9. from 11 a.m. to 3 p.m. We, the parents/guardians of the undersigned minor, hereby consent to hold harmless, the Roman Catholic Diocese of Lafayette-in-Indiana, Inc., OLMC, and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with, the activity and our child's event-arranged transportation necessary to participate in the aforementioned activity. I give my permission for my daughter, in case of an emergency, to be taken to a physician or hospital by either a parent in charge or by parish personnel. I understand that every effort will be made to contact me. I understand that all adult volunteers on this event have completed the online "Protecting God's Children in the 21st Century" protocol training and have met diocesan standards for working with youth.

Parent Permission/Signature _____ Date _____

OLMC Parish Media Release

We believe that both the youth and the parish benefit from positive recognition. There may be occasion for media coverage concerning your youth throughout the retreat. We ask permission to release this type of communication. This could include: Newspapers, newsletters, The Observer, The Catholic Moment and the OLMC and Diocesan websites.

_____ Yes. The parish has my permission to release EDGE related communication involving my youth to the media.

_____ No. The parish does not have my permission to release EDGE related communication involving my youth to the media.

Parent Signature

Date