

# CALLED 2024

## Liability Release form

Print or type all information clearly. **This form is required for attendance at the conference and should be used along with any liability form required by local diocese.** Participants 18 and over may sign for themselves. If the participant is under 18, at least one legal guardian must sign. **Attach a copy of your insurance card** .

Participant's Full Name \_\_\_\_\_  
Parish/Group \_\_\_\_\_ M/F \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The undersigned do hereby release, forever discharge and agree to hold the Diocese of Venice, Inc., the above named Parish, Ave Maria University, and the site organization(s), harmless from and against any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the undersigned and/or the participant (if participant is under 18, or 18 and older) while attending the above activity. Furthermore, the undersigned hereby assume all risk of personal injury, sickness, death, damage and expense arising from the undersigned's and/or participant's (if participant is under 18, or 18 and older) participation in all activities, including recreation and work activities involved in the above activity. In addition, authorization and grant permission is hereby given to furnish all necessary transportation, food, and lodging for the undersigned and/or participant (if participant is under 18, or 18 and older). I(we) release Diocese of Venice Inc., the above named Parish, Ave Maria University and the site organization(s) of all responsibility and consequences that may arise as a result of injury suffered and resulting treatment. The undersigned further hereby agree to indemnify and hold the Diocese of Venice, Inc., the above named Parish, and Ave Maria University and their respective members, directors, employees, and agents (collectively, the 'Indemnities'), harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorney's fee and expenses sustained by the Indemnities as the result of the negligent, willful, or intentional acts of the undersigned and/or participant (if participant is under 18, or 18 and older).

If participant is now and will be under 18 years of age at the time of conference: I (We) are the parent(s) or legal guardian(s) of the participant, and hereby grant permission for \_\_\_\_\_ to participate fully in the above activity and all of its undertakings, and hereby give our permission to take said participant to doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery; and, we fully and completely assume responsibility for all medical bills. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) assume all responsibility and transportation costs. Through me, the minor agrees to abide by all rules and regulations stated by the Diocese of Venice, Inc. and Ave Maria University, the site organization, and the conference staff.

I(We) give permission for images (If participant is under 18, or 18 and older) captured during the above activity through video, photo, and digital camera, to be used solely for the purpose of the Diocese of Venice, Inc. and Ave Maria University promotional material and publications, and waive any rights of compensation or ownership thereto.

**This form MUST be signed by ALL participants under 18 and ALL participants 18 and older.**

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Current Medications \_\_\_\_\_  
Allergies or Other Medical Concerns \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**One Form MUST be completed for Each Participant  
(Group Leader, Adult Chaperones, Youth and Priests) attending! No Exceptions!**