



# Liability Release Form Bayou, 2017



This entire form must be completed and legible in order for conference attendance. Parents/guardians sign this form on the designated signature lines. Thank You!  
**Submit this form by May 31, 2017 to: Lift 3:16, Inc. / 103 Raywood Drive / Houma, LA 70360.**

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender (circle one) F M

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Group Leader's Name: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Medical History: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone Number(s): \_\_\_\_\_

In consideration of the services provided by Franciscan University of Steubenville, Lift 3:16, Inc., and their respective members, directors, employees, volunteers, and agents (collectively "UNIVERSITY") in conjunction with the Franciscan University of Steubenville's High School LEAD and Steubenville On The Bayou Catholic Youth Conferences to be held on **June 16-18, 2017** ("Event"), I hereby agree as follows:

I understand participation in the Event entails known and unanticipated risks, which could result in injury, sickness, death, or damage to me, to property, or to third parties. I understand that such risks simply cannot be eliminated. I agree and promise to accept and assume all of the risks existing in this Event, including risks posed by my unique medical or psychological conditions. My participation in this Event is purely voluntary, and I elect to participate despite the risks. I consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in the Event, and agree that the cost of any such treatment will be solely my responsibility. I further grant permission for UNIVERSITY to supply all transportation, food, and lodging necessary for my participation in the Event.

I understand that throughout the application process and, during the course of the Event, I may share (have shared) and/or disclose (disclosed) personal information to the UNIVERSITY in order for the UNIVERSITY to prepare and develop me for the next level of evangelization, discipleship, spiritual growth and servant leadership. I understand this information will only be shared among designated UNIVERSITY personnel for the above-mentioned goals and shall remain confidential unless otherwise required to be reported by law.

***I hereby voluntarily release, waive, and forever discharge any and all claims against UNIVERSITY arising from or relating in any way to my participation in the Event including, but not limited to, claims arising from transportation to and from the Event, claims arising from medical treatment, claims arising from the disclosure of personal information, personal injury claims, and claims for property damage. Notwithstanding the foregoing, the immediately preceding sentence shall not apply to claims for willful or wanton misconduct.***

I agree to indemnify, defend, and hold UNIVERSITY harmless from and against any and all claims, demands, actions, lawsuits, damages, and liabilities, including attorney fees and expenses, sustained by UNIVERSITY as the result of or related to my action or inaction.

I understand that I must abide by the rules and regulations of the Event, and that if I do not, I may be dismissed from the Event, in which case the UNIVERSITY will not refund registration fees and costs. I agree that, if I am dismissed from the Event for violating rules and regulations, I alone will bear the cost of transportation to my home.

I grant UNIVERSITY my consent, without reservation, to use, assign, convey, reproduce, copyright, publish, or sell my name, voice, image, and/or likeness that arises from my participation in the Event, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at UNIVERSITY'S sole discretion.

In the event that I file a lawsuit against UNIVERSITY, I agree to do so solely in the State of Ohio, and further agree that the substantive law of Ohio shall apply, without regard to conflict of laws. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**TO BE COMPLETED BY PARTICIPANT:**

I certify that I have read this **LIABILITY RELEASE FORM**, understand it, and agree to be bound by its terms. **I further acknowledge that this document contains a liability waiver and indemnification provisions.**

**Signature of Participant:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**TO BE COMPLETED BY ALL PARENTS/GUARDIANS:**

I certify that I have read this **LIABILITY RELEASE FORM**, understand it, consent to it, ratify it, and agree to be bound by all its terms, both for myself individually and in my capacity as parent/guardian of \_\_\_\_\_ (print participant's name) ("Participant").

I specifically authorize and consent to Participant disclosing personal testimony/information to the UNIVERSITY in order to prepare and develop Participant for the next level of evangelization, discipleship, spiritual growth and servant leadership.

**I acknowledge that this document contains a liability waiver and indemnification provisions.**

**I specifically agree to release, waive, and forever discharge any and all claims against UNIVERSITY arising from or relating in any way to Participant's participation in the Event including, but not limited to, claims arising from transportation to and from the Event, claims arising from medical treatment, claims arising from the disclosure of personal information, personal injury claims, and claims for property damage. This release and waiver applies both with respect to claims in my individual capacity and to claims on behalf of Participant in my capacity as parent/guardian. Notwithstanding the foregoing, this release and waiver shall not apply to claims for willful or wanton misconduct.**

**Signature of Parent/Guardian 1:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Signature of Parent/Guardian 2:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_