

# St. Barnabas and Diocese of Trenton Consent/Release Form



**Event Information: Halloween Trip**

**Who:** All high school BATs and St. Theresa's Youth Group

**What:** 2 *Walk through experiences*: Cornfield of Terror OR flashlight maze (not scary)

**When:** 4:00pm, Sunday, October 29<sup>th</sup> - **Meet at BATs**

then we travel @St. Theresa's in Little Egg for pizza w/their Youth group (S.T.A.Y)... Then we head out to the cornfield! *We will return at approx. 9:45pm for pick up. We will call when we get close!*

**Where:**



Cornfield of Terror is located on 723 W. Herschel St., Egg Harbor City <http://cornfieldofterror.com>

**Why:** To have fun and build community with our group and St. Theresa's!

**Cost:** Only \$13.00 for Cornfield of Terror OR \$5 for flashlight maze... and pizza!

**You MUST have signed permission slip and the \$w/you on the day of trip to attend!**  
**Please bring a flash light AND give the top to your parents for reference.**

**Consent and Release Information for B.A.T.'s Halloween Trip to "Cornfield of Terror": October 29, 2017, 4-9:45PM**

**General:** By signing this waiver form, I acknowledge that I/my child am/is physically and mentally able to participate in youth ministry activities, such as those listed above. I acknowledge that there are certain risks involved in said activities. I release The Diocese of Trenton, St. Barnabas, 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 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 St. Barnabas may take photographs or make an audio/video recording of children and/or adults involved in parish/youth activities. I consent to the use of any such photographs, or audio/video recordings of the individual named above to be used, distributed or displayed as agents of the Diocese of Trenton see fit (ex: Diocesan/St. Barnabas websites; Facebook; YouTube; Diocesan blog; the Monitor, etc.).

**Transportation:** I hereby grant the Diocese of Trenton and its agents to transport my child during the aforementioned event. Transportation to and from said event will be by the St. Barnabas bus and/or by adults over the age of 21. I understand that this event/activity/retreat may take place outside of my parish and that it is under the direction and guidance of 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.

**Participant Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Full Home Address: \_\_\_\_\_

**Signatures:**

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

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

*[The Emergency Contact/Medical Release Form on the back must also be completed]*

**Parents/Guardians:**  
**Please retain this top portion of  
the form for your information!**

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**Diocesan Youth Ministry Emergency Contact & Medical Release Form**

***Primary Emergency Contact Information***

*[Please fill this section out entirely]*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Full Home Address: \_\_\_\_\_

***Secondary Emergency Contact Information***

*[Please fill this section out entirely]*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Full Home Address: \_\_\_\_\_

***Medical Information for Participant***

*[Please provide your Health Insurance Information even if no medical conditions exist]*

Health Insurance Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Check all that apply:  Epileptic  Asthmatic  Diabetic  Heart Condition  No Medical Condition  
 Allergies: \_\_\_\_\_  
 Psychological Condition: \_\_\_\_\_  
 Currently taking Medication: \_\_\_\_\_  
 Other/Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_