

**The Logan County Roman Catholic Community
Office at 316 S. Logan Street, Lincoln, Illinois 62656
Active Catholic Teens (ACT) Guest Registration**

PLEASE NOTE: The 2019-2020 Medical Information Form and Authorization for Emergency Medical Treatment form must be completed as well, before any off campus activities can be participated in.

Teen Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Student's School: _____ Grade in Fall of 2019 (please circle): 8th 9th 10th 11th 12th

**Catholic Diocese of Peoria
PERMISSION FORM and LIABILITY WAIVER**

I, _____, grant permission for my child, _____, to
(Parent or guardian's name) (teen's name)
participate in **Logan County Youth Ministry, Active Catholic Teens (ACT)** activities, which will take place under the guidance and direction of the **Logan County Catholic Community's** employees and/or volunteers.

I understand the risks such activities may present to my child, including, but not limited to, serious personal injury or death. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor. Any questions I have concerning these activities have been answered.

I give my permission for my child to travel in **Logan County Active Catholic Teens (ACT) Youth Ministry** approved transportation (this may include but is not limited to: contracted busses with professional drivers, rented vans driven by staff or volunteers, staff-driven personal vehicles, approved chaperone-driven personal vehicles, etc.)

In consideration of my child being allowed to participate in this activity, I hereby **RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS**, the Catholic Diocese of Peoria, Holy Family Parish, the Logan County Catholic Community, the teachers, chaperones, volunteers, or representatives associated with any Youth Ministry activities or events, and their employees and agents, from any and all liability for injuries, damages, medical expenses, or any other loss to my child, my family, or me (including attorneys' fees), arising from or related to my child's participation in Youth Ministry activities.

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date

**Catholic Diocese of Peoria
PUBLICITY WAIVER**

On occasion, **Logan County Active Catholic Teens (ACT) Youth Ministry** takes photographs or makes an audio or video recording of the participants involved in the Youth Ministry activities. Such photographs or audio/video recordings may be used by staff and/or participants to remember Youth Ministry activities and/or participants. In addition, such photographs and audio/video recordings may be used in **Logan County Catholic Community** publications or advertising materials to let others know about the **Logan County Active Catholic Teens (ACT) Youth Ministry**. In addition, local news organizations may hear of our activities or events, and **Logan County Active Catholic Teens (ACT)** may invite or allow them to photograph or record our events to be used, distributed, or displayed as agents of **Logan County Active Catholic Teens (ACT) Youth Ministry** see fit.

I hereby expressly grant to the **Logan County Catholic Community** and/or the Catholic Diocese of Peoria the right, privilege, and license to use any picture and/or likeness of my child/children in any photograph, movie, video production, or any other forms of media publication, and to use the verbal or written statements or declarations of my child/children for the purpose of publicizing, fostering, and promoting the **Logan County Catholic Community** and its programs, or for any other purpose in furtherance of the mission of the **Logan County Catholic Community**, the **Logan County Active Catholic Teens (ACT) Youth Ministry**, and/or the Catholic Diocese of Peoria.

This consent includes but is not limited to: photographs, videotape, and audio recordings.

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date