

**ARCHDIOCESE OF MIAMI  
VOCATIONS OFFICE**

**Event Consent and Release for Non-School Usage**

Name of Participant: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Address and Telephone Number of Parent(s)/Guardian(s):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Alternate Contact Information (*other than the parent/guardian listed above*):

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of the event:

**“Vocation Awareness Weekend” is a retreat for young men who are seeking more information about the priesthood and seminary life. It is held on the grounds of St. John Vianney College Seminary in Miami and consists of numerous workshops, liturgies, and social events with the seminarians.**

I hereby freely and voluntarily consent to participation in the event/activity described above. I agree to assume all financial responsibility for participation in the event/activity and hold **ARCHDIOCESE OF MIAMI VOCATIONS OFFICE**, Archdiocese of Miami, Inc., and all of their corporate members, affiliated entities, employees, officers, directors, and agents (“Sponsor”) harmless for all costs incident to my participation in this event/activity.

I, the undersigned, a participant in the event described above, do waive and release Sponsor from liability for any injury, accident, or damages caused by any vehicle, weather, sickness, or otherwise stemming from any act or omission of any individual. I also release Sponsor and agree to indemnify them with regard to any financial obligations incurred by my acts or omissions.

I hereby grant Sponsor full authority to take whatever actions they may consider in their sole discretion to be warranted under the circumstances concerning my health and safety and I specifically and fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize Sponsor at their discretion to place me, at my own (or my parents’ or my guardians’) expense and without further consent, in a hospital that is readily available, and to place me in the hands of a local physician for treatment should the need arise at my expense.

I agree to comply fully with the rules of Sponsor and I agree that Sponsor has the right to enforce their standards of conduct as determined and interpreted in their sole discretion, and that, should I fail to comply with them, Sponsor has the right to terminate my participation in the program. In the event of termination, I

agree to be sent home at my parent(s)/guardian(s)' expense. I understand that this is an organized program and that group standards must be observed. I hereby waive and release Sponsor from any claim arising out of my failure to remain under such supervision. In addition, I acknowledge the right of Sponsor to terminate my participation at any time of failure to maintain standards or for any actions or conduct for which Sponsor deems incompatible with the interest, harmony, comfort, and welfare of other participants. I specifically agree not to bring any weapons or illegal drugs with me on the event/activity.

I acknowledge that Sponsor is not responsible either for any injury or loss whatsoever suffered by me during periods on independent travel or during any absence from the program of Sponsor.

All references in this release to Sponsor shall also include all of their group leaders, faculty members, administrators, volunteers, and agents. All references to the "parents" of the participant include the legal guardians or other adults responsible for the participant.

I hereby grant to Sponsor the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.

I have read the terms and conditions set forth by Sponsor and I agree that this constitutes a part of any agreement with Sponsor. I understand and agree to all of Sponsor's terms as set forth in the descriptive information and in this Release. I agree that, if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

*Required if participant is under 18 years of age*

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant's leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent(s)/Guardian(s): \_\_\_\_\_

Name: *(please print)* \_\_\_\_\_

Date: \_\_\_\_\_

### **INSURANCE INFORMATION**

Name of Family Doctor: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Do you have Insurance? Yes \_\_\_ No \_\_\_ Name of Insured: \_\_\_\_\_

Policy No.: \_\_\_\_\_ (Attach copy of insurance card)

Are you taking any Medication? Yes  No

If yes, Type/Name: \_\_\_\_\_ Dosage: \_\_\_\_\_