

Our Lady of the Fields presents

Summer 2017 Teen

LOCKin

Friday, August 4, 2017

Don't Miss Out On The Fun

Obstacle Course Competition

Make your own pizza

Ghost Stories in the Cemetery

Adoration in the Chapel

S'mores around the campfire

Our theme for the evening:

Trust in the Lord

Jeremiah 17:7-8



For Teens Grades 9-12

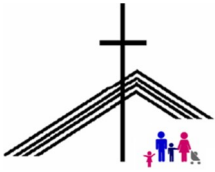
Admission: \$10

Parental consent is required upon sign-in for the event.

Starting at 7 pm – Ending at 12 midnight

Turn in your completed registration form/permission slip (located at www.ourladyofthefields.org) to the Office of Evangelization & Faith Formation by 7/28/17. For further information, please call or email

Kathleen Jauschnegg 410-923-7024 kath@olfparish.com



Our Lady of the Fields Parish
Office of Evangelization and Faith Formation
1070 Cecil Ave So.
Millersville, MD 21108
410-923-6953/faithformation@olfparish.com

Name of Participating Youth (Print): _____ Birth Date _____

Address _____

Date of Birth _____ Gender _____ Grade _____ School _____

Parent/Guardian Name (print) _____

Parent/Guardian EMAIL _____

Home Phone: _____ Mobile Phone: _____

Emergency Contact (name and telephone number): _____

As parent of guardian of my son/daughter, I do hereby allow my son/daughter to participate in the following activity:

Event: Summer 2017 Teen Lock In
Address: Our Lady of the Fields 1070 Cecil Ave. So. Millersville, MD 21108
Date(s): Friday, August 4, 2017 7pm-12 midnight

In consideration of the opportunity for my son/daughter to participate in the activity, the receipt and sufficiency of which are acknowledged, I knowingly and voluntarily on behalf of myself and my minor child do hereby agree to forever RELEASE, HOLD HARMLESS AND INDEMNIFY [Our Lady of the Fields Parish], the Division of Youth & Young Adult Ministry, the Roman Catholic Archbishop of Baltimore and his successors, a Corporation Sole, and all their affiliate organizations, and respective agents, employees, officers, directors, volunteers, and any officials, referees, and other participants (the Released Parties) from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury (including death) sustained in connection with or arising out of my son/daughter's participation in the activity. By my signature below, I acknowledge that my child's participation in the activity involves inherent risk of minor or serious injury, including permanent disability, death, and/or economic losses which might result from my child's actions or inactions, the negligence of others, the inherent risks of the activity, the rules of play, the condition of the premises, or of any equipment used. I have voluntarily elected to allow my child to participate, and I fully understand, appreciate, and hereby assume all such dangers and risks.

I understand that my child's participation in said activities may require a minimum level of fitness for safe participation, and that the Released Parties do not screen, medically or otherwise, individuals that participate in the activity. I acknowledge that it is my sole responsibility to make certain that my child is physically fit and healthy enough to participate in the activity.

I understand that the Released Parties do not provide medical treatment or medical, health or other insurance coverage for my child, however, I hereby grant permission for any staff member of the activity to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the parish/school, Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants will not be identified, however, without specific written consent.)

Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify an activity staff member. Please note that the Released Parties have no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

- I allow my child to be photographed/videotaped.
- I **do not** allow my child to be photographed/videotaped.

(Check one of the following:)

I am covered by hospitalization and medical insurance under: Policy# _____
Issued By: _____

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff member to provide the following over-the-counter drugs (or their generic equivalent) to my son/daughter if requested by my son/daughter (Check all that apply:)

- | | | |
|---|--|---|
| <input type="checkbox"/> Tylenol/Acetaminophen | <input type="checkbox"/> Benadryl Diphenhydramine | <input type="checkbox"/> Advil/ Ibuprofen |
| <input type="checkbox"/> Imodium/ Antidiarrheal | <input type="checkbox"/> Neosporin/Antibody Ointment | <input type="checkbox"/> Pepto Bismol |

Doses of such drugs will be provided in accordance with the instructions contained on the drugs' packaging.

ADD any other medical information concerning medication, allergies, illness, etc.:

ADD any dietary restrictions:

Parents/guardians of participants are advised that photographs or digital recordings of participants may be used in publications, websites or other materials produced from time to time by the parish/school, Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants will not be identified, however, without specific written consent.). Parents/guardians who do not wish their child(ren) to be photographed or digitally recorded should so notify an activity staff member. Please note that the Released Parties have no control over the use of photographs or digital recording taken by media that may be covering the event in which your child(ren) participate(s).

I HAVE READ THE ABOVE RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Signature of Parent/Guardian: _____ Date: _____

Name (please print) of Parent/Guardian: _____