

# VOCATIONS EVENT LIABILITY FORM



**Location:** Mt. Tabor Center – 522 Second St. Menasha, WI 54952

**Supervisor of Event:** Rev. Mark Mleziva – Vocation Director, Diocese of Green Bay, WI  
Rev. Luke Strand – Vocation Director, Archdiocese of Milwaukee, WI

**Type of Event:** High School Silent Retreat for Priestly Discernment

**Date of Event:** Friday, April 3, 2020 – Sunday April 5, 2020

**Transportation:** Participant(s) and parents to provide at their own risk

**Involved Entities:** Archdiocese of Milwaukee, St. Francis de Sales Seminary, Diocese of Green Bay, Green Bay Office of Vocations, Mt. Tabor Center

## **MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER**

Participant's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_ email address: \_\_\_\_\_

Parent Home phone: \_\_\_\_\_ Parent Cell phone: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my son/dependent, \_\_\_\_\_ to participate in this  
*Parent or Guardian's Name* *Participant's Name*  
event which requires that I secure transportation for my son/dependent to a retreat site. The above named entities will not provide transportation, and I can request that any parish/school/diocesan entity that offers transportation provide its own liability waiver. This activity will take place under the guidance and direction of parish/school/diocesan employees and/or volunteers from the Diocese of Green Bay and/or the above named entities.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my son/dependent named herein, or our heirs, successors, and assigns, to hold harmless and defend all of the above named entities, its officers, directors, employees and agents, and the Diocese of Green Bay, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my son/dependent attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the above named entities, its officers, directors and agents, and Diocese of Green Bay, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the above named entities or the Diocese of Green Bay.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my son/dependent is in good health and I assume all responsibility for the health of my son/dependent.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I hereby give permission to transport my son/dependent to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Family Doctor: \_\_\_\_\_ Phone of Doctor: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Group & Policy #: \_\_\_\_\_

**SPECIFIC MEDICAL INFORMATION:** The above named entities will take reasonable care to see that the following information will be held in confidence.

Allergic reactions to any foods/substances: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Special medical conditions of the child: \_\_\_\_\_

Medications the child will bring with him: \_\_\_\_\_

Who should store these medications: \_\_\_\_\_

Who may administer these medications: \_\_\_\_\_

Any special instructions: \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDIA RELEASE:** This authorization form constitutes permission for my child(ren)'s participation in videotaping and/or photographs which may be taken during the evening. These could be used for further promotional videos, website promotions, fliers, or other diocesan or parish appropriate uses by the above named entities.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

The purpose of this event is to help our young men grow in a discipleship relationship with Jesus Christ and the Church. We will be teaching them more about prayer in the context of absolute silence. By allowing your child to attend such an event, it is understood that you encourage him on his faith journey. It is not our policy to persuade young men to become priests, but rather to give them the tools to hear the voice of Jesus Christ.

More information will be given to you regarding emergency contact info during the retreat, since the men will not be allowed to use any cell phone or social media during the silent portion of the retreat.

Return to: St. Francis de Sales Seminary c/o Vocation Office 3257 S. Lake Dr. St. Francis, WI 53235