



**PERMISSION/Liability Waiver for the Youth Activities with The Brothers of the Congregation of St. John at 11223 W. Legion Hall Rd. Princeville, IL 61559**

I, \_\_\_\_\_, grant permission for my child/children \_\_\_\_\_,  
(Parent or guardian's name) (Child's name)

\_\_\_\_\_, \_\_\_\_\_,  
(Child's name) (Child's Name)

to participate in the Youth Camps and Day Retreats offered by the Brothers of the Congregation of St. John. These activities will take place under the guidance and direction of The Brothers of the Congregation St. John, supported by the Apostolic Sisters of the Congregation of St John, the Catholic Church Diocese of Peoria as well as employees and/or volunteers.

I understand the risks such activity presents to my child, including, but not limited to, serious personal injury or death. Any questions I have concerning this activity have been answered.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant/participant's").

In consideration for my child being allowed to participate in these activities, I hereby RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the Apostolic Sisters of the Congregation of St. John, the Brothers of the Congregation of St. John, the Catholic Diocese of Peoria, and their employees and agents, and the volunteers assisting the Youth Camps and Retreat Days at the Apostolic Sisters of the Congregation of St. John & the Brothers of the Congregation of St. John located respectively at 10809 and 11223 W. Legion Hall Rd, Princeville, IL 61559, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorneys' fees) arising from or related to my child's participation in this activity. I understand this Liability Waiver will be valid for all activities which I register my, above mentioned, children to attend, for 1 year from the most recent date I signed this document.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature Date Parent/Guardian Signature Date

**OVERNIGHT TRIP LIABILITY WAIVER  
(Participants, Parents & Adults – including group leaders and chaperones)  
RELEASE OF LIABILITY**

I, \_\_\_\_\_ (full name), agree on behalf of myself, and my heirs, assigns, executors and personal representatives, to hold harmless and defend the Youth Camps of the Brothers of the Congregation of St. John & the Congregation of the Apostolic Sisters of St. John, and the Catholic Diocese of Peoria, its officers, agents, employees, volunteers or representatives associated with the overnight trip from any and all liability claims, loss or damage arising from or in connection with myself or my child's participation in the overnight trip. I understand this form is valid for all activities my child/children participate in for 1 year from the most recent date signed. I have the right to rescind my authorization at any time and such action may result in my child/children not being able to participate in the activities provided by the Brothers of the Congregation of St. John and The Apostolic Sisters of the Congregation of St. John.

\_\_\_\_\_  
Name of child Name of child Name of child

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent Signature Date



BROTHERS OF  
SAINT JOHN

Congregation of St. John  
11223 Legion hall rd.  
Princeville, Il 61559

**Participant’s Agreement Regarding Conduct**

As a participant in youth activities at The Brothers of the Congregation of St. John or The Congregation of the Apostolic Sisters of St. John, I promise to conduct myself in accordance with the regulations on conduct as set forth by The Brothers of the Congregation of St. John or The Congregation of the Apostolic Sisters of St. John. I understand that The Brothers of the Congregation of St. John , The Congregation of the Apostolic Sisters of St. John, Catholic Diocese of Peoria, its officers, agents, and/or employees reserve the right to terminate my participation in the youth activities for failure to behave and act in accordance with the regulations of conduct, for failure to follow instructions and directions of the supervisors or chaperones, or for any of my acts of conduct that are deemed by The Brothers of the Congregation of St. John or The Apostolic Sisters of The Brothers of the Congregation of St. John , its officers, agents, or employees to be detrimental to or incompatible with the interest, harmony, comfort, or welfare of the activity as a whole. If my participation is terminated, only funds not actually used will be refunded, and I will be sent home at my own expense. I agree that The Brothers of the Congregation of St. John, The Apostolic Sisters of St. John , its officers, agents, or employees reserve the right at any time prior to or during the activity to make cancellations, changes, or substitutions in emergencies or changed conditions or in the interest of the participants. I understand this agreement is valid for 1 year from the most recent date it was signed.

Student’s Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

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

**PUBLICITY FORM**

On occasion, during youth activities at The Brothers of the Congregation of St. John and The Congregation of the Apostolic Sisters of St. John take photographs or make an audio or video tape recording of the participants involved in the activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used by The Brothers of the Congregation of St. John and The Congregation of the Apostolic Sisters of St. John publications or advertising materials to let others know about the youth activities The Brothers of the Congregation of St. John or The Congregation of the Apostolic Sisters of St. John. In addition, local news organizations may hear of our activities or events, and the youth activities of The Brothers of the Congregation of St. John or The Congregation of the Apostolic Sisters of St. John may invite or allow them to photograph or record our events to be used, distributed, or displayed as agents of the youth activities for The Brothers of the Congregation of St. John or The Congregation of the Apostolic Sisters of St. John see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. I understand this form is valid for 1 year from the most recent date it was signed.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_/\_\_\_/\_\_\_  
Date



BROTHERS OF  
SAINT JOHN

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11223 Legion hall rd.  
Princeville, Il 61559

**MEDICAL INFORMATION**

**Family information:**

**Name (Family Name):** \_\_\_\_\_

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

**Emergency**

**Contacts**

**Parent(s) or Guardian**

**Name (first, middle, last):** \_\_\_\_\_

**Phone (including area code):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Other Contact -**

**Name (first, middle, last):** \_\_\_\_\_

**Relationship (friend, relative, neighbor, etc.):** \_\_\_\_\_

**Phone (including area code):** \_\_\_\_\_

**Participant's Regular Physician Name:** \_\_\_\_\_

**Phone (including area code):** \_\_\_\_\_

**Medical Insurance Information**

**Company:** \_\_\_\_\_

**Identification number of plan:** \_\_\_\_\_

**Identification number of covered employee:** \_\_\_\_\_

I further understand that these activities expose my child to unpredictable risks and dangers. If emergency medical treatment is required due to accident, injury or illness, and I cannot be reached immediately, I hereby empower the Congregation of St. John Brothers, Apostolic Sisters of St. John and Official Camp and Retreat Representatives to exercise their discretion to transport my child to a hospital emergency room or other medical facility for treatment and to sign any releases that may be required in order to obtain medical treatment for my treatment. This Authorization will be valid for 1 year from the most recent date it was signed. I have the right to rescind my authorization at any time and such action may result in my child/children not being able to participate in the activities provided by the Congregation of St. John Brothers and The Apostolic Sisters of the Congregation of St. John.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Individual Participant/s:**

Name: \_\_\_\_\_  
(First, Middle, Last)

Medical Conditions  
Please list any medical conditions of the above participant (asthma, diabetes, epilepsy, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies or allergic reactions to medications or food of the above participant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications the above participant is now taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of participant's most recent tetanus shot:

\_\_\_\_\_

Other pertinent medical information:

\_\_\_\_\_  
\_\_\_\_\_