

## Electronic Youth Activity Liability Waiver – Charlotte Diocese

By submitting this electronic registration, as the child(ren)'s parent or guardian, I hereby grant permission for my child(ren) to participate in the Diocesan Youth Conference sponsored by the Office for Youth Ministry of the Diocese of Charlotte at Ridge Crest Conference Center in Black Mountain, NC, April 24-26, 2026.

THE SUBMITTER OF THIS REGISTRATION, BEING THE LEGAL PARENT OR GUARDIAN, ON BEHALF OF THEMSELVES, THEIR HEIRS, SUCCESSORS, AND ASSIGNS, AND ON BEHALF OF THE ABOVE-NAMED CHILD, THEIR HEIRS, SUCCESSORS, AND ASSIGNS, HEREBY AFFIRMATIVELY STATES AND AGREES AS FOLLOWS:

I hereby waive, release and agree to indemnify, hold harmless and defend the Roman Catholic Diocese of Charlotte, included but not limited to any and all associated institutions and/or entities, its/their officers, directors, employees, volunteers, coaches, representatives, participating individuals and agents (collectively referred to as the "Diocese") from any and all claims arising from or in any way connected with the activity referred to herein, or in connection with any illness or injury (including death) and/or cost of medical treatment in connection therewith, without limitation. The above shall include reasonable attorney's fees and expenses incurred by the Diocese in any action brought against them as a result of any such claim(s), without limitation.

I consent to the method of transportation and the conditions and supervision of said event and/or activity. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my minor child(ren). In case of an emergency, I give my permission for my child(ren) to be taken to a physician and/or hospital, by either the supervisor in charge, or by an adult authorized by the supervisor in charge, and to be administered any and all medication reasonably necessary for treatment. I understand that every reasonable effort will be made to contact me. If I cannot be reached, however, I hereby give permission to hospitalize and secure proper treatment (including surgery and medication) for my children). The cost of any medical care or treatment obtained for the benefit of the above named child shall be my expense and not paid by the Diocese.

I, and on behalf of my family, heirs, and assigns, hereby grant to the Parish/School/Agency and/or The Roman Catholic Diocese of Charlotte herein referred to collectively as the "Diocese", permission to record on photography film and/or video, whether digital or otherwise, pictures, images and/or reproductions of my child(ren)'s participation and/or my families participation in this activity. I agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochure, social media, internet or other printed materials that the Diocese deems to be an appropriate use, and further that such use shall be without payment of fees, royalties, special credit or other compensation. I agree to indemnify and hold harmless the Diocese, its agents, representatives and assigns from any and all claims regarding the use of said material. Furthermore, I hereby waive any and all claims that I may have, or hereafter acquire, regarding the use of said material by the Diocese, its agents, representatives and assigns.

I understand that this waiver will remain in effect for the duration of said event and cannot be revoked unless in writing by me or my legal representative.

Section 2 – Parents/Guardians of Children with allergies, dietary restriction and or medical Concerns

Does your child(ren) have any allergies? Yes No

If yes, please list:

Does your child have any dietary restrictions? Yes No

If yes, please list:

Does your child(ren) require prescription medicine? Yes No

If yes, please list:

I understand that it is my responsibility to make arrangements to have any medications administered to my child(ren) I have been informed herein that I cannot rely on any Church staff or volunteers to administer ANY medications without my prior arrangement. I understand and agree that failure to report relevant information shall be conclusive proof, for all matters, that my child(ren) is in otherwise good health. Irrespective of said disclosures, I assume all responsibilities for the health of my child(ren).