



DIOCESE OF VENICE IN FLORIDA

Notification of Trip and Event
For Catholic school students, youth groups, and religious education students

To be completed by trip/event leader: ***TIMES MAY CHANGE***

CATHOLIC SCHOOL: _____
or PARISH NAME (for Religious Ed/Youth Outreach): St. John the Evangelist Parish
TRIP/ EVENT*: DOV Youth Rally 2025
GRADE, CLASS or GROUP: High School Youth
PLACE OF EVENT: Charlotte Harbor Event and Conference Center
NAME OF TRIP/EVENT LEADER: Max Berman / Natalie Campbell
NATURE OF ACTIVITY: DOV Youth Rally 2025
DATE(S): 11/15/2025 TIME EVENT BEGINS: 12:30 pm ENDS: 8:30 pm
PLACE OF DEPARTURE/RETURN: SJECC Claussen Center – Alexandria Room
MODE OF TRANSPORTATION: CharterUP Bus Transportation

*If this is a sporting event, Competition Schedule should be attached

Participant's Name _____

Phone # of person legally responsible:
Cell: _____

★ Shirt Size: _____

Home: _____

Work: _____

Address of participant _____

E-mail (of parents/guardian for minor) _____

Emergency Contact Name (other than parent/guardian) _____

Emergency Contact Phone #s:

Cell: _____

Home: _____

Work: _____

*Fee: \$40.00 – High School Students (Year One students must attend the youth rally)

\$20.00 – Youth Group Members & Covecrest Attendees

Payment Collection: Parish Office – Mail – Return to Faith Formation Teacher

Accepting Checks – Cash – Credit Cards (please make checks out to Saint John the Evangelist Catholic Church – Youth Rally 2025)

– Money will be collected by Natalie Campbell (Natalie@sjecc.com) and Max Berman (Max@sjecc.com)

This event notification is furnished in accord with the provisions of the *Consent, Release of Liability and Indemnification Form for Trips and Events of Diocesan Schools/Youth Outreach/ Religious Education Programs* previously executed by the undersigned parent/guardian of a minor participant or adult participant, _____, and I understand that the terms of that agreement apply to this event.



Signature of Minor's Parent/Guardian or Adult Participant

Date signed

Please return by 11/10/25 to Max Berman/Natalie Campbell or Confirmation Teacher
Thank you.

In the case of field trips for which a school/parish owned bus or a chartered commercial bus is not used, the following must be signed:

~~I understand that the school is not responsible for the transportation of students for the field trip.~~

~~Check one:~~ *A licensed driver from Naples Transportation and Tours will be picking us up and dropping us off at the Convention Center.*

~~_____ I will drive my own child to and from the event.~~

_____ I give permission for my child to ride with **CharterUP Bus Transportation**
~~the following volunteer driver:~~

~~_____ I understand that volunteer drivers do not have CDL licenses and have only standard insurance coverage.~~

★ Signature of parent/guardian _____

- * Please arrive no later than 11:00 a.m. We will be getting onto the bus at 11:15 a.m. and leaving at 11:30 a.m.
- * Dinner will be provided at the event. (If he/she has dietary needs, they may bring food for themselves).
- * We expect the buses to return to St. John's no later than 10:30 pm.
- * Please do not send valuables with your child.
- * We will have water/snacks available for the kids to take on the bus.
- * We will have limited number of space on our bus. Please register no later than November 12th, 2025.



DIOCESE OF VENICE IN FLORIDA

CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION FORM FOR TRIPS, PROGRAMS AND EVENTS

NAME OF PARTICIPANT(S)* _____ DOB: _____

**See attached list for all family members attending*

ADDRESS _____ PHONE: _____

ALTERNATE PHONE: _____ E-MAIL _____

SCHOOL/PARISH/DIOCESAN ENTITY St. John the Evangelist Catholic Church

NAME OF TRIP, EVENT OR PROGRAM DOV Youth Rally 2025

I, the undersigned adult participant or parent/legal guardian of the above named minor participant (for myself and any named minor, our heirs, personal representatives, assigns and next of kin), request permission to participate in this particular event and/or the various field trips and other on and off site activities of the above school/parish/diocesan entity programs throughout the year. I understand that I will receive notice of scheduled field trips and events via an Event Notification Form, if applicable, and my signature consenting to my or my minor's participation shall also indicate the inclusion of the terms of this Consent, Release of Liability and Indemnification Agreement to each trip or event. In consideration for the agreement by the school/parish/diocesan entity to permit my/minor's participation, and intending to be legally bound, I, individually and on behalf of my youth, do hereby:

1. Release, discharge and covenant not to sue the Diocese of Venice in Florida and the Most Rev. Frank J. Dewane, Bishop of the Diocese of Venice, individually and as a corporation sole, the above Parish/School/Diocesan Entity; and their employees, clergy, agents and volunteers (hereinafter Releasees), from any claim, demand, action, or liability whatsoever on account of injury or loss to the person or property of minor child or adult in conjunction with said event, including travel to and from, whether caused by the negligence of the Releasees or otherwise, excluding acts of gross negligence or intentional misconduct;
2. Indemnify and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur incident to adult or minor's participation in the above event, whether caused in whole or part by the negligence of Releasees or otherwise;
3. I do further agree that school/parish/Diocesan entity/Diocese of Venice officials, agents, and/or employees have the right to terminate the participation of the above named for reasonable cause, as determined within the discretion of the event/trip leader. In such event, only the funds not actually used will be refunded. I will be responsible for any and all travel costs incurred to return the above named early from the event/trip.
4. I understand that throughout the year I/my minor may be informed via an Event and Trip Notification Form of activities apart from those on-site activities which are school/parish sponsored. If I do not give permission and sign the Event and Trip Notification Form, I am responsible for myself or the supervision of my minor at such event should I choose to attend independently of the program, although agents, employees and volunteers of the school/parish youth program/Diocesan entity/Diocese of Venice may also plan to be present at such events.
5. I understand that the school/parish/Diocesan entity youth programs may include sports (football, swimming, wrestling, etc.) and/or other risky activities (rafting, etc.). These sports activities involve certain risks including, but not limited to, travel to and from the site of the activity, severe physical contact, and the possible reckless conduct of other participants. These risks also include, but are not limited to, serious

injury, potential for permanent paralysis, or death. The sporting activities may be conducted at sites that are at some distance from available medical assistance, and any equipment provided for protection may be inadequate in preventing serious injury.

6. I understand and assume the risks inherent with any extended event, which may involve certain risks beyond the reasonable control of the Parish/school/Diocesan entity and the Diocese of Venice, and their respective representatives, volunteers and agents. Such risks may include but not be limited to accidents, emergencies, exposure to nature and the elements, and/or negligence of the staff of the independent entity at the location of the event (not Parish or School staff). The Parish/school/Diocese or Diocesan entity disclaim any and all responsibility for any such risks by such independent vendors.
7. I am also aware that all reasonable care and supervision will be exercised by the Adult Chaperones to provide for the general well-being of my youth. However, I understand that there will be times when my youth is not directly supervised and it is impossible for the Adult Chaperones to supervise my youth every minute of every day while attending this program/event. I acknowledge placing my trust in my youth to adhere to proper standards of conduct and to follow the rules of the Group Leaders and Adult Chaperones, especially when not being directly supervised. I understand and assume the risks described above and those inherent with such a program/event.
8. I further represent that the above named is covered by accident and health insurance, and I agree to maintain coverage in full force and effect for the duration of the year. I have completed a Medical Authorization which is on file with the sponsoring school/parish/Diocesan entity in the event emergency medical care is required. I understand that the school/parish/Diocesan entity/Diocese of Venice provides no insurance which will cover my child in conjunction with future trips. I agree to full financial responsibility for any medical treatment provided to him/her.

Adult Participant Signature: _____ Date: _____

★ Parent/Guardian of a Minor Signature _____ Date: _____

*Additional family members participating:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____



DIOCESE OF VENICE IN FLORIDA

DOV Youth Rally 2025

MEDICAL AUTHORIZATION FOR MINOR

NAME OF MINOR: _____ D.O.B. _____

PARISH/SCHOOL: St. John the Evangelist Catholic Church

HOME ADDRESS: _____

PARENTS/GUARDIANS: _____ / _____

PHONE #s: CELL: _____ HOME: _____

WORK: _____

* EMERGENCY CONTACT: _____

PHONE: _____

MEDICAL INFORMATION: Please list all pertinent medical information (for example, allergies, medications, physical impairments, or any other information necessary in an emergency situation). Explain fully:

In case of illness or injury of the above student, reasonable effort will be made to contact the parent(s)/legal guardian(s)/emergency contact. In case of a medical emergency, 911 will be called. In the event that the parents/ legal guardian(s)/emergency contact cannot be notified or are not available, I (we) authorize parish, school, or other pertinent diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a licensed physician in the State of Florida. This authorization is valid for a period of 1 year from the date of execution.

* _____
Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date:



DIOCESE OF VENICE IN FLORIDA

AUTHORIZATION FOR RELEASE AND USE OF IMAGE IN PHOTO, VIDEO FILES OR OTHER MEDIA

Name of Participant: _____ DOB: _____

School/Parish/Diocesan Entity: _____

I, the undersigned adult participant or parent/legal guardian of the above named minor participant hereby grant to the above named School/Parish/Diocesan Entity the following irrevocable rights:

1. To use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as "image") of the above named participant in connection with its educational, promotional, fund-raising activities, or for any other legitimate purpose;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio and television), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of the above named participant individually or in conjunction with other images or printed matter on the School/Parish/Diocesan's entity Internet web site. No personal information such as home address or phone numbers will be published;
4. The right to record, reproduce, amplify, edit, and simulate the above named participant's image and all sound effects produced; and
5. The right to copyright, in its own name, works that contain the image of above named participant; and
6. The right to assign the above-mentioned rights to third parties.

I understand that the video files, still photos, or other media incorporating the image the above named participant will become the property of the School/Parish/Diocesan Entity. I hereby waive the right to inspect or approve the image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of the above named participant's image, and nothing herein will create any obligation on the part of School/Parish/Diocesan Entity to make use of the rights or materials set forth herein.

I hereby release and forever discharge Frank J. Dewane, as Bishop of the Diocese of Venice, his successors in office, a corporation sole, _____ Catholic School/Parish/Diocesan Entity, their agents, employees and assigns from any and all claims demand, rights, and causes of action of whatever kind that may arise from the use of above named participant's image, including all claims for libel and invasion of privacy.

I hereby certify that I am the above named participant or the parent/legal guardian of the above referenced minor, and I give my consent, without reservation, to the above agreement on behalf of myself or said minor. This agreement shall be valid for a period of four years from the date hereof, unless revoked in writing.



Adult Participant or Parent/Guardian Signature

Date

Address

Phone Number