

# REVEALED 2023

14<sup>th</sup> Annual

## Ave Maria University YOUTH Conference: July 14th-16th 2023

Registration cost is \$180/pp (\$130 early Bird) – includes lodging, meals, COOL T-shirt

Shirt  
Size:

\_\_\_\_ Youth Group Leader or X Student with a group or \_\_\_\_ Student without a group

NAME: \_\_\_\_\_  
(last, first) gender: M / F

ADDRESS: \_\_\_\_\_  
(house number, street name, apt#)

\_\_\_\_\_  
(city, state, zip code)

EMAIL: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/ Legal Guardian

Emergency contact

Name

Phone

Youth's Medications/ Allergies

Physician/ Phone #

Youth Group:

**St. John's Youth Group**

Name of Leader

**Juliana LoGiudice**

Male Chaperone

Female Chaperone

**Juliana LoGiudice**

Name of Parish, city, state

**St. John the Evangelist Catholic Church, Naples, FL**

Media consent ☐ I agree by checking this box that digital images of my likeness from general sessions on the retreat may be used for the purpose of advertising Ave Maria University and conferences.



Signed: \_\_\_\_\_

\*Fee: \$130 for students in grades 9 to 12 grade.

\*\* Trip counts as a confirmation retreat

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)

- Money will be collected by Juliana LoGiudice (juliana@sjecc.com)

**Liability Release Form Required for ALL Youth and Adult Attendees**

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## Liability Release form

Print or type all information clearly. **This form is required for attendance at the conference and should be used along with any liability form required by local diocese.** Participants 18 and over may sign for themselves. If the participant is under 18, at least one legal guardian must sign. **Attach a copy of your insurance card**.

Participant's Full Name \_\_\_\_\_  
Parish/Group St. John the Evangelist Catholic Church M/F \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The undersigned do hereby release, forever discharge and agree to hold the Diocese of Venice, Inc., the above named Parish, Ave Maria University, and the site organization(s), harmless from and against any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the undersigned and/or the participant (If participant is under 18, or 18 and older) while attending the above activity. Furthermore, the undersigned hereby assume all risk of personal injury, sickness, death, damage and expense arising from the undersigned's and/or participant's (if participant is under 18, or 18 and older) participation in all activities, including recreation and work activities involved in the above activity. In addition, authorization and grant permission is hereby given to furnish all necessary transportation, food, and lodging for the undersigned and/or participant (if participant is under 18, or 18 and older). I(we) release Diocese of Venice Inc., the above named Parish, Ave Maria University and the site organization(s) of all responsibility and consequences that may arise as a result of injury suffered and resulting treatment. The undersigned further hereby agree to indemnify and hold the Diocese of Venice, Inc., the above named Parish, and Ave Maria University and their respective members, directors, employees, and agents (collectively, the 'Indemnities'), harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorney's fee and expenses sustained by the Indemnities as the result of the negligent, willful, or intentional acts of the undersigned and/or participant (if participant is under 18, or 18 and older).

If participant is now and will be under 18 years of age at the time of conference: I (We) are the parent(s) or legal guardian(s) of the participant, and hereby grant permission for \_\_\_\_\_ to participate fully in the above activity and all of its undertakings, and hereby give our permission to take said participant to doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery; and, we fully and completely assume responsibility for all medical bills. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) assume all responsibility and transportation costs. Through me, the minor agrees to abide by all rules and regulations stated by the Diocese of Venice, Inc. and Ave Maria University, the site organization, and the conference staff.

I(We) give permission for images (If participant is under 18, or 18 and older) captured during the above activity through video, photo, and digital camera, to be used solely for the purpose of the Diocese of Venice, Inc. and Ave Maria University promotional material and publications, and waive any rights of compensation or ownership thereto.

**This form MUST be signed by ALL participants under 18 and ALL participants 18 and older.**

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Current Medications \_\_\_\_\_  
Allergies or Other Medical Concerns \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**One Form MUST be completed for Each Participant  
(Group Leader, Adult Chaperones, Youth and Priests) attending! No Exceptions!**



## 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:**

CATHOLIC SCHOOL: \_\_\_\_\_  
or PARISH NAME (for Religious Ed/Youth Outreach): Saint John the Evangelist  
TRIP/ EVENT\*: Ave Maria Youth Conference 2023  
GRADE, CLASS or GROUP: High School Youth  
PLACE OF EVENT: Ave Maria University, Naples, FL  
NAME OF TRIP/EVENT LEADER: Juliana LoGiudice  
NATURE OF ACTIVITY: Youth Conference 2023  
DATE(S): 7/14/23 - 7/16/23 TIME EVENT BEGINS: \_\_\_\_\_ ENDS: \_\_\_\_\_  
PLACE OF DEPARTURE/RETURN: Alexandria Rm. of the Claussen Center  
MODE OF TRANSPORTATION: Church Bus

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

\_\_\_\_\_  
Participant's Name

Shirt Size: \_\_\_\_\_

\_\_\_\_\_  
Address of participant

\_\_\_\_\_  
Emergency Contact Name (other than parent/guardian)

\_\_\_\_\_  
Parent/Guardian Name (printed)

Phone # of person legally responsible:

Cell: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

\_\_\_\_\_  
E-mail (of parents/guardian for minor)

Emergency Contact Phone #s:

Cell: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

\*Fee: \$130 for students in grades 9 to 12 grade.

\*\* Trip counts as a confirmation retreat

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)

- Money will be collected by Juliana LoGiudice (juliana@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 June 16th, 2023 to Juliana LoGiudice.  
Thank you. juliana@sjecc.com



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: **(If not riding the bus, please complete).**

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

**Check one:**

\_\_\_\_ **I will drive my own child to and from the event.**

\_\_\_\_ **I give permission for my child to ride with 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 1:00 pm to load the buses.
- \* Food will be provided at the event. (If he/she has dietary needs, they may bring food for themselves, and/or Ave Maria Cafe caters to dietary needs).
- \* We will return Sunday, July 16th no later than 3 p.m.
- \* Please do not send valuables with your child.
- \* We will have limited number of spaces on our buses. Please register no later than June 16th, 2023.



*DIOCESE OF VENICE IN FLORIDA*

**MEDICAL AUTHORIZATION FOR MINOR**

NAME OF MINOR: \_\_\_\_\_ D.O.B. \_\_\_\_\_

PARISH/SCHOOL: \_\_\_\_\_

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:

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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

### 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's Catholic Church

NAME OF TRIP, EVENT OR PROGRAM Ave Maria Youth Conference 2023


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. \_\_\_\_\_