

**Diocese of Scranton Charismatic Conference
Liability Release Form
Release of All Claims**

Participant Name: _____ Age: _____

Parent(s): _____ Home Phone: _____

Work Phone: _____ Alt. Phone: _____

I hereby request permission for my child to take part in:

Event: Diocese of Scranton Charismatic Conference

Program: (Circle one) Children's Tract or Youth I or Youth II
(age 5-11) (age 12-14) (age 15-18)

Location: University of Scranton, Scranton, PA

The Undersigned do hereby release, forever discharge and agree to hold the Diocese of Scranton, The University of Scranton and The office of Catholic Charismatic Renewal of the Diocese of Scranton, 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 participant (if the participant is under 18 or 18 and older) while attending the Charismatic Conference.

Furthermore, the undersigned hereby assumes all risk of personal injury, sickness, death, damage and expense arising from the undersigned's or participant's participation in all activities including recreation and work activities involved in the Charismatic Conference.

The undersigned further hereby agree to indemnify and hold the Diocese of Scranton, The University of Scranton and The office of Catholic Charismatic Renewal of the Diocese of Scranton, and their respective members, directors, employees, agents and volunteers (collectively, the "Indemnities"), harmless from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorneys' fees and expenses sustained by the Indemnities as the result of the negligent willful or intentional acts of the undersigned and/or participant.

We (I) are the parent(s) or legal guardian(s) of the participant and hereby grant permission for my child to participate fully in the Charismatic Conference and all of its activities and hereby grant our permission to take said participant to a 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. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs.

NO ONE taking part in the Children's, Youth tracts will be permitted to leave a session early without being picked up by their Parent(s) or Legal Guardian.

I have read this release, understand all its terms, and execute it voluntarily and with full knowledge of its significance.

Parent(s)/Legal Guardian Signature: _____

Date signed: _____