

VOCATIONS EVENT LIABILITY FORM



Location: Diocese of Green Bay Campus – St. Joseph Chapel
1825 Riverside Dr, Green Bay, WI 54301 (1 Mile North of HWY 172)

Supervisor of Event: Rev. Daniel J. Schuster – Vocation Director

Type of Event: Mass, Dinner, and Discussion with Bishop Ricken, priests, leaders, and other young men in discernment.

Date of Event: Wednesday, September 20, 2017. 5:30 PM – 8:00 PM.

Transportation: Participant(s) and parents to provide at their own risk

Involved Entities: Diocese of Green Bay, Vocation Office, Office of the Bishop, St. Joseph Corp.

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participant's name: _____ Date of Birth: _____

Sex: _____ Parent/Guardian's name: _____

Home address: _____

Parent Email address: _____

Participant Email address: _____

Parish of Participant: _____

Parent Home phone: _____ Parent Cell phone: _____

The purpose of this event is to help our young men grow in a discipleship relationship with Jesus Christ and the Church. The focus of the event is to reflect upon the priesthood as a "calling" and to encourage our youth be open to the possibility of such a calling in their lives. By allowing your son to attend such an event, it is understood that you encourage him on his faith journey. This is not an event where we enroll men in the seminary. Becoming a priest is a lengthy process, and should your son one day experience that calling in his heart, the Vocation Director would prefer to meet with the candidate's family in person to help unpack how the process works. The St. Andrew Dinner requires no commitment, no obligations, and no pressure to become a Roman Catholic Priest. We prefer that the participant be able to speak and listen freely in front of his peers about the Gospel and discipleship today. For this reason, the event is limited to those participants themselves who are open to this possibility along with their priests, youth minister, pastoral leader, campus minister, or other leader who may have invited them. Thank you for your support and trust as we continue to make disciples of all of the nations and build up the Church.

– Fr. Schuster, Vocation Director

Return To: Office of Vocations – PO Box 23825 – Green Bay, WI 54305-3825

I, _____ grant permission for my son/dependent, _____ to participate in this
Parent or Guardian's Name *Participant's Name*
event which requires that I secure transportation for my son/dependent to a diocesan and/or parish site. The above named entities will not provide transportation, and I can request that any parish/school/diocesan entity that offers transportation provide its own liability waiver. This activity will take place under the guidance and direction of parish/school/diocesan employees and/or volunteers from the Diocese of Green Bay and/or the above named entities.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my son/dependent named herein, or our heirs, successors, and assigns, to hold harmless and defend all of the above named entities, its officers, directors, employees and agents, and the Diocese of Green Bay, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my son/dependent attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the above named entities, its officers, directors and agents, and Diocese of Green Bay, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the above named entities or the Diocese of Green Bay.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my son/dependent is in good health and I assume all responsibility for the health of my son/dependent.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my son/dependent to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Emergency Contact Name & Relationship: _____

Phone: _____

Child's Family doctor: _____ Phone of Doctor: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

SPECIFIC MEDICAL INFORMATION: The above named entities will take reasonable care to see that the following information will be held in confidence.

Allergic reactions to any foods: _____

Does child have a medically prescribed diet? _____

Special medical conditions of my child: _____

**PARENTAL/GUARDIAN STATEMENT OF INTENT FOR THE USE OF SOCIAL COMMUNICATIONS AND
PERSONAL REPRESENTATION FOR THE DIOCESE OF GREEN BAY AND THE VOCATION OFFICE**

_____ I certify that he is at least 13 years old. _____ It is okay for my minor child to explore the priesthood

Permissions for representative(s) of the Vocation Office to digitally communicate with minor child:	
_____ YES , I authorize	Communication with the minor child electrically, usually by e-mail or phone call, but also including via social media or other digital means, in accordance with the <i>Safe Environment Social Communications Policy for the Diocese of Green Bay</i> by a Vocation Representatives of the Diocese of Green Bay http://www.gbdioc.org/protectingourchildren/social-communication-policy.html
_____ NO , I do not authorize	
Parental access/inclusion:	
_____ YES , I request	Access and inclusion in any communication or content involving my minor child and the Vocation Office; and to be included via Carbon Copy in e-mail communications using the e-mail address listed above.
_____ NO , I waive	
Multimedia release:	
_____ YES I do	Authorize and consent that Vocation Office of the Diocese of Green Bay and anyone authorized by their representatives be permitted to use and publish for general communications, advertising, commercial and publicity purposes, the likeness of my minor child and their original work for any other lawful purpose whatsoever, including video, audio, photographic portraits, pictures, reproductions, and quotations, made through any medium, including social or other electronic media, in accordance with the <i>Safe Environment Social Communications Policy for the Diocese of Green Bay</i>
_____ NO , I do not	

This statement of intent, and if indicated – consent – is valid until revoked. If I choose to rescind my consent to the authorization, I agree that I will inform the Vocation Office in writing and that my rescission will not take effect until it is received by one of its representatives. I understand however that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission. I have read this certification, acknowledgement, statement of intent and if indicated, release, and have had the opportunity to consider its terms, and understand it. I execute it voluntarily and with knowledge of its significance. I have been made aware of the *Safe Environment Social Communications Policy for the Diocese of Green Bay*.

Signature of Parent/Guardian: _____ Date: _____