

**Consent to Transport – STEUBENVILLE YOUTH CONFERENCE
Waiver and Release of All Claims**

St. Albert the Great Catholic Church * 6667 Wallings Rd., North Royalton OH

Person to be Transported (for the Steubenville Youth Conference -- 06/17/16-06/19/16):

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

If Minor Child is named above, please complete the following:

Parent or Guardian: _____ Mobile Phone: _____

Emergency contact other than Parent or Guardian

Name: _____

Relationship: _____ Phone: _____

Transportation Waiver and Release

I, the undersigned, give my consent for the person identified above to be transported by St. Albert the Great Church and will assume all liability for my/their participation in this activity/event and any injury that may result during the transport or at the event/activity.

Further, by signing below:

1. I will not hold St. Albert the Great, its officers, agents, employees, assigns or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such activities or such travel. This also includes the driver of the vehicle and the owner of the vehicle used for transportation.
2. I hereby accept financial responsibility for personal items lost by the person identified herein.
3. I authorize St. Albert the Great to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the person in the course of such activities/events or such travel, and agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
4. I accept full responsibility and hereby grant permission for me or my minor child to travel with St. Albert the Great.

Parent/Guardian Signature

Date

Photo Consent. I authorize St. Albert the Great to use my child's photo on their website, social media and in/on other news or publications (please circle one): **Yes or No**