

The Church of St. Andrew
Steubenville – St. Paul (July 26-28, 2024)
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____ 2023/2024 Grade: _____

T-Shirt Size (Adult Sizes): S M L XL Birth date: _____ Sex: M F

Parent/Guardian's name: _____

We need adults who are willing to spend their weekend with the youth. Would you be willing to attend this event and participate as a youth leader? Yes No

Home address: _____

First phone: _____ Second phone: _____

Type of event: **Steubenville – a weekend conference that evangelizes, equips, and empowers 8th-12th grade youth to become radical, joyful disciples.**

Date of event: **July 26-28, 2024**

Destination of event: **University of St. Thomas in St. Paul, MN**

Student Cost: **\$325 includes conference, housing, 5 meals, t-shirt and transportation.**

First time participants pay just \$225 if registration is completed by April 28!

Individual in charge: **Kent Yoder – St. Andrew Youth Minister**

Estimated time of departure and return: **2 pm Friday, July 26 departure; 2 pm Sunday, July 28 return**

Drop off/pick-up location: **Church of Saint Andrew, 566 Fourth Street NW, Elk River, MN 55330**

Mode of transportation to and from event: **carpool**

I, _____ grant permission for my child, _____
(Parent or guardian's name) (Child's name)

to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from The Church of St. Andrew. 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 child named herein, or our heirs, successors, and assigns, to hold harmless and defend The Church of Saint Andrew, its officers, directors, employees and agents, and the Diocese of Saint Cloud, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child 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 parish, its officers, directors and agents, and the Diocese of Saint Cloud, 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 parish/diocese.

Signature: _____ Date: _____

Steubenville Registration Process (Registration, forms and full payment are due **May 5, 2024**):

1. Complete this form and return, along with the registration fee, to Kent Yoder at the church office or by email at kenty@saint.andrew.net
2. Complete the Steubenville online registration process (Registration, Liability and Medical Release forms) at the URL below. Use Group Name **St. Andrew Catholic Church** (case sensitive) and Participant Group Code **PCG69C1** https://s1.goeshow.com/partnerforyouth/stpaul/2024/participant_registration.cfm