

**Adult FAQ Sheet**  
**REVEALED - 2023 AVE MARIA YOUTH CONFERENCE**

**Who can attend?** Any approved background checked and Diocesan approved adult can chaperone. We need 1 chaperone for every 8 attendees - gender specific.

**What is it all about?** A weekend full of dynamic talks, music, prayer, adoration, Mass, and the opportunity to make some incredible friends!

**Where is it at?** Ave Maria University (20 miles east of Naples Florida)

**Why should I come?** For adult mentors – It is also an awesome opportunity to get to know our youth outside the confines of the classroom and our Church.

**How much does it cost?** It's \$200 per person. This includes transportation, lodging, meals, plus a VERY COOL t-shirt!

**Who is going?** High school students from across the state of Florida and more!

**What do I need to bring?** Toiletries, bedding/sleeping bag, pillow, towel, comfortable and modest clothes. The beds are extra-long twin beds so flat sheets or sleeping bags work best. It's like camping! Also, spending money (\$20), bug spray, sunscreen, water bottle, rosary, bible, journal, and a pen.

**What are the room arrangements?** Students and chaperones will stay in separate mega dorms on campus. Each have their own separate shower and bathroom. Chaperones will stay in a separate room but near the students they are with.

**Departure Time:** Friday July 14<sup>th</sup> at 11:00am

**Conference Check out:** Sunday July 16<sup>th</sup> at 12:30pm - (Rooms should be empty, all garbage removed and dropped off in designated areas when checking out. PLEASE RETURN YOUR ROOM KEYS TO THE BOXES PROVIDED)

Registration Information –

- Complete Ave Maria Adult Chaperone Application
- Complete Ave Maria Liability Release Form (attach Insurance Card)
- Diocese of Palm Beach Permission Form
- Check for \$200
- Return all paperwork to Gina-Marie Loree

***God's love was REVEALED to us by sending His only son so that we may have eternal life through Him. (1 John 4:9-11)***

## Adult Chaperone Application: Ave Maria University Youth Conference

It is important for Ave Maria University to use due diligence in providing a safe environment for all participants in our summer youth conference. This application helps assure that all adults present are suitable to engage in ministry to minors. Your cooperation is appreciated.

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address (optional) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Parish/Group \_\_\_\_\_ Holy Name of Jesus Church

Name of Group Leader \_\_\_\_\_ Gina-Marie Loree

Is there any fact or circumstance about you or your background that would call into question the advisability of entrusting you with the supervision, guidance and care of children and/or young people? \_\_\_\_\_

If yes, please explain

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I affirm that the information given in this application is true, complete and correct. I affirm that I have been trained and approved to work with children and/or young people in accordance with the policies and procedures as outlined by my home diocese. Furthermore, I have read and agree to abide by all rules and policies of the Catholic Diocese of Venice as outlined in the registration packet in regard to providing a safe and healthy environment for young people at an Ave Maria University Youth Conference.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I have verified and attest to the fact that the above applicant has been trained and approved to work with children and/or young people in accordance with the policies and procedures of his/her home diocese and has provided verification of their completion of Safe Environment Training.

\_\_\_\_\_  
Signature of Pastor or Parochial Vicar

\_\_\_\_\_  
Date

# REVEALED 2023

## 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 Holy Name of Jesus 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 Palm Beach

### Field Trip Consent and Release

Entity: Remember to keep Field Trip Consent and Release Forms on file for 4 years.

EVENT: Ave Maria University 2023 Revealed Youth Conference	
DESTINATION: Ave Maria University 5050 Ave Maria Blvd, Ave Maria, FL 34142	
DATE(S): Friday July 14th (Leave Holy Name 11:00am) to Sunday July 16th (Leave Ave Maria at 12:30pm)	
NAME OF PARTICIPANT:	CELL PHONE:

PARENT/GUARDIAN:	n/a	PHONE NUMBER:	n/a
PARENT/GUARDIAN ADDRESS:		n/a	
CITY:	n/a	STATE:	n/a
		ZIP:	n/a

<b>EMERGENCY CONTACT INFORMATION</b>		
NAME:	PHONE NUMBER:	
ADDRESS:		
CITY:	STATE:	ZIP:

<b>SPECIAL NEEDS INCLUDING FOOD ALLERGIES:</b>
If your child will require medication on this trip, please complete the Diocesan Authorization for Medication form.

I hereby freely and voluntarily consent to participation in the field trip/activity described above. I agree to assume all financial responsibility for participation in the field trip/activity and hold Holy Name of Jesus Church (entity name), Diocese of Palm Beach, Inc. and all of their corporate members, affiliated entities, employees, officers, directors, and agents ("Sponsor") harmless for all costs incident to my participation in this field trip/activity.

I, the undersigned, a participant in the field trip described above, do waive and release Sponsor from liability for any injury, accident, or damages caused by any vehicle, weather, sickness, or otherwise stemming from any act or omission of any individual. I also release Sponsor and agree to indemnify it with regard to any financial obligations incurred by my acts or omissions.

I understand that all travel involves some risk, and I hereby agree to assume and consent to such risk. I hereby waive and release Sponsor for any injuries, damages, or losses incurred in connection with actions, omission or conditions or developments, or any other actions, omissions or conditions within or outside Sponsor's control. By my participation in this program I voluntarily assume all risks involved in such travel, whether expected or unexpected. I hereby acknowledge that I have been warned of such risks, and that I have been advised to take appropriate action and to govern myself accordingly. I am also aware that certain insurance companies do offer insurance against some of the many perils noted and that I may opt to insure myself should I so choose.

I hereby grant Sponsor full authority to take whatever actions they may consider in their sole discretion to be warranted under the circumstances concerning my health and safety and I specifically and fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize Sponsor at its discretion, to place me at my own (or my parents' or my guardians') expense and without further consent, in a hospital that is readily available, to place me in the hands of a local physician for treatment, should the need arise at my expense.

I agree to comply fully with the rules of Sponsor and any travel company and I agree that Sponsor has the right to enforce its standards of conduct as determined and interpreted in its sole discretion, and that, should I fail to comply with them, Sponsor has the right to terminate my participation in the program. In the event of termination, I agree to be sent home

at my parent(s)/guardian(s) expense. I understand that this is an organized program and that group standards must be observed. I hereby waive and release Sponsor from any claim arising out of my failure to remain under such supervision. In addition, I acknowledge the right of Sponsor to terminate my participation at any time of failure to maintain standards or for any actions or conduct for which Sponsor deems incompatible with the interest, harmony, comfort, and welfare of other students. I specifically agree not to bring any weapons or illegal drugs with me on the field trip/activity.

I acknowledge that Sponsor is not responsible either for any injury or loss whatsoever suffered by me during periods on independent travel or during any absence from the program of Sponsor.

All references in this release to Sponsor shall also include all of its chaperones, group leaders, faculty members, administrators, advisors, and agents. All reference to the parent of the participant includes the legal guardian or other adult responsible for the participant.

I have read the terms and conditions set forth by Sponsor and I agree that this constitutes a part of any agreement with Sponsor. I understand and agree to all of Sponsor's terms as set forth in the descriptive information and in this Release. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Participant:	
Print Name:	Date:

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Field Trip Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant's leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian:	n/a		
Print Name:	n/a	Date:	n/a

#### PHOTOGRAPH AND/OR VIDEOTAPE CONSENT & RELEASE

I hereby grant to Sponsor the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.

Signature of Participant:	
Print Name:	Date:

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photograph and/or Videotape Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant's leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian:	n/a		
Print Name:	n/a	Date:	n/a