



SAINT JOSEPH ABBEY + SEMINARY COLLEGE

Abbey Youth Festival

**LIABILITY & PHOTO RELEASE FORMS - PLEASE PRINT CLEARLY**

**\*\* FORMS MUST BE COMPLETED FOR/BY EACH PERSON ATTENDING! \*\***

Participant's Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: M F PARENT/Guardian **BEST** Phone # for day of AYF : \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Parent/Adult's Email: \_\_\_\_\_

Group Name: \_\_\_\_\_

Group Leader Name: \_\_\_\_\_ Leader Cell: \_\_\_\_\_

**PARENT/GUARDIAN**

I, \_\_\_\_\_ (name), give permission to my above mentioned son/daughter to attend the Abbey Youth Festival to be held on March 17, 2018. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by appropriate health care personnel. I release Saint Joseph Abbey and Saint Joseph Seminary College and its agents of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

I have read, and my child agrees to abide by all the rules and regulations as listed on the "Abbey Youth Festival 2018 Policies and Procedures" form as they are enforced by the Festival staff. I understand that Saint Joseph Abbey and Saint Joseph Seminary College will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the Abbey Youth Festival at my expense.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Parent/Legal Guardian \_\_\_\_\_

Family Physician Telephone #: \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Medical History \_\_\_\_\_

**IN CASE OF AN EMERGENCY, PLEASE CONTACT:**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PHOTOGRAPHY CONSENT AGREEMENT & RELEASE OF LIABILITY - PLEASE PRINT CLEARLY**

(Adult & Minor Participant Form) **\*\* FORMS MUST BE COMPLETED FOR/BY EACH PERSON ATTENDING! \*\***

In consideration of the taking and use of the photographs of the named below ("Adult" or "Minor"), for good and valuable consideration herein acknowledged as received, I hereby grant to the Abbey Youth Festival and Saint Joseph Abbey and Seminary College the irrevocable and unrestricted right and permission to take, use, re-use, publish, and republish photographic pictures of the "Adult or Minor" or in which the "Adult or Minor" may be included, made through any medium and in any and all media now or hereafter known for illustration, promotion, art, editorial, advertising, trade, or any other purpose whatsoever. I also consent to the use of any published matter in conjunction therewith.

I hereby waive any right that I or the Minor may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

In exchange for the benefits derived by my participation and/or the Minor's participation in this project, I hereby agree that I, my heirs, distributees, guardians, legal representatives, and assigns do release and will indemnify, hold harmless the photographer, Abbey Youth Festival, its agents, and Saint Joseph Abbey and Seminary College for claims for libel or violation of any right of publicity or privacy arising out of or in connection with my participation or the Minor's participation in the photography project, from whatever cause, including the active or passive negligence of the photographer, Abbey Youth Festival, its agents, or Saint Joseph Abbey and Seminary College.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT OF MY OWN FREE WILL.**

Participant: Minor (Print Name) \_\_\_\_\_

Signature of Parent/Guardian for consent: \_\_\_\_\_

Print Parent's Name: \_\_\_\_\_

Participant: Adult (Print Name) \_\_\_\_\_

Signature of Adult: \_\_\_\_\_

**Forms must be printed out, completed, and turned in the morning of March 17, 2018 at the Abbey Youth Festival Check-In/Registration Barn**

**Group leaders may mail in completed forms if they prefer to the address below. HOWEVER, if mailing forms they MUST be posted no later than March 9th, 2018.**

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Abbey Youth Festival  
Saint Joseph Abbey and Seminary College  
Attn: Christine Baglow  
75376 River Road  
Saint Benedict, LA 70457