

# **GREAT AMERICA FRIGHTFEST**

## **YOUTH MINISTRY ALL DAY TRIP**

**WELCOME ALL FAMILIES, 6TH, 7TH, 8TH GRADE - HIGH SCHOOL - YOUNG ADULTS!  
(ANY PARTICIPANT YOUNGER THAN 6TH GRADE MUST BE  
ACCOMPANIED BY AN ADULT 21 OR OLDER.**

# **SAT. OCT 26TH**

## **COST OF TICKET & TRANSPORTATION- \$54.00**

**MHR Parking Lot at: 8:45 A.M.**

**RETURN TO MHR - Time TBA**

**We will determine departure time that day depending on weather.**

**THERE ARE LIMITED SPOTS AVAILABLE!!!**

**Return the permission slip form with payment as soon as possible!**

**When the spots are gone...they're gone!!!**

**All forms must be returned to the  
PARISH OFFICE**

**(Please do not turn your forms into the school)**

**by the end of the day on:**

**6:00PM - MONDAY - October 21nd**

**Please make a check payable to:**

**MOST HOLY REDEEMER**

**PLEASE BE AWARE THAT ALL MONEY IS NON-REFUNDABLE!**

**Food and spending cash is not included in this price.**

**Season Passes will be honored for this event .**

**COST WITH SEASON PASS: \$20.00**

**Archdiocese of Chicago — Child/Minor participation Release Form**

(PLEASE PRINT CLEARLY) \*ONCE THIS FORM IS TURNED IN ALL MONEY IS NON-REFUNDABLE

***NO ONE WILL BE ALLOWED TO PARTICIPATE WITHOUT FIRST PRESENTING THIS FORM***

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Child/Teen Name \_\_\_\_\_ Parent(s)/Guardian(s) Name—Relation to child/teen \_\_\_\_\_

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Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ Home Number \_\_\_\_\_

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Hospitalization Plan \_\_\_\_\_ Policy Number \_\_\_\_\_ Emergency contact and number \_\_\_\_\_

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Teen’s Cell Phone Number: *Please provide this number so that I can update/contact your teen while in the park.* (      ) \_\_\_\_\_

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Any allergies or medications currently being taken: \_\_\_\_\_

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What grade/year are you? \_\_\_\_\_ Facebook: \_\_\_\_\_

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What school? \_\_\_\_\_ Email: \_\_\_\_\_

**IMPORTANT INFORMATION**

The Catholic Bishop of Chicago (the CBC) and SJF/MHR are committed to conducting its programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in programs must recognize however, that there is an inherent risk to injury when choosing to participate in activities. The CBC and SJF/MHR continually strive to reduce risks and insist that all participants follow safety rules and instructions which have been designed to protect the participant’s safety.

Please recognize that the CBC and SJF/MHR do not carry medical accident insurance for the injuries sustained in its programs. The cost of such would make program fees prohibitive. Each person registering themselves. It must be noted that the absence of health insurance coverage does not make the CBC or SJF/MHR automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the CBC and SJF/MHR requires the execution of the following waiver and release. Your cooperation is greatly appreciated.

**WAVIER AND RELEASE OF ALL CLAIMS**

Please read this form carefully and be aware in registering your child/teen/minor for participation in this program you will be waiving and releasing all claims for injuries you or your child/teen/minor might sustain arising out of this

**PROGRAM: GREAT AMERICA TRIP - FRIGHTFEST**

**PROGRAM DATE: SATURDAY, OCTOBER 26, 2019**

-As the parent/guardian of the participant in the program, I recognize and acknowledge there are certain risks of physical injury and I agree to assume the full risk of any injuries (including death), damages of loss which I or my child/teen/minor may sustain as a result of participating in any and all activities connected with or associated with such program.

-I agree to waive and relinquish all claims I or my child/teen/minor may have as a result of participating in the program, against the CBC and SJF/MHR and their agents, servants and employees.

-I do hereby fully release and discharge the CBC and SJF/MHR and their officers, agents, servants and employees from any and all claims from injuries, (including death), damage or loss which I or my child/teen/minor may have or which may accrue to me or my child/teen/minor on account of participation in the program.

-I further agree to indemnify and hold harmless and defend the CBC, SJF/MHR and their officers, agents and employees from any and all claims resulting from injuries (including death), damages and losses sustained by me or my child/teen/minor or arising out of, connected with, or in any way associated with the activities of the program

-I understand that the bringing of, or use of any drugs, including alcohol, will not be tolerated, and that if my child/teen/minor violates any of the rules which have been established, I will be called to pick up him/her.

- By signing this form you are allowing pictures that were taken for the bulletin and web site to be used for the youth ministry program.

In the event of any emergency, I authorize the CBC and MHR/SJF Parish officials to secure from a licensed hospital, physical and/or medical personnel any treatment deemed necessary for my child/teen/minor immediate care and agree that I will be responsible for payment of any/all medical services rendered.

By signing this form you are giving your consent to use your minors name and pictures/videos from this event in the parish bulletin and on the internet. You are also giving your consent for the Youth Minister and chaperones to communicate electronically (email, text message, facebook etc.) with your minor.

I have read and fully understand the above Program Details, Wavier and Release of all Claims and Permission to Secure treatment.

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(Parent(s)/Gaurdian(s) Signature) _____	DATE _____	(Participant’s Signature) _____	DATE _____
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