

Diocese of Crookston Youth Conference

Parent Permission and Liability Waiver

Last Name _____ First Name _____ Gender _____
Date of Birth _____ Grade in School _____ Age _____
Parish Name _____ Parish City _____
Parent Name _____ Parent Phone _____
Parent Email _____ Home Address _____

I, _____ grant permission for my child listed above to participate in the 2025 Diocese of Crookston Youth Conference, held at Lincoln High School in Thief River Falls, MN. This activity MAY require transportation to and from the parish site and will take place under the direction of diocesan employees, parish employees and/or volunteers in the Diocese of Crookston. A brief description follows:

TYPE OF EVENT - Diocesan Youth Conference
LOCATION OF EVENT – Lincoln High School | Thief River Falls, MN
DATE OF EVENT – October 12, 2025
PERSONS IN CHARGE - Robert Noel, Misty Mehrkens

Liability Waiver

PARENT/GUARDIAN, ON BEHALF OF THE CHILD, HEREBY ASSUMES ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on part of the persons or entities being released from dangerous or property owned, maintained, or controlled by them, or because of their possible liability without fault.

Parent/Guardian acknowledges that this Accident Waiver and Release of Liability Form will be used by Diocese of Crookston, its officers, directors and agents, chaperones, or representatives associated with the activity, and that it will govern my actions and responsibilities at said activity.

Parent/Guardian, on behalf of the child, heirs, executor, and assigns, I hereby:

- (A) WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me, including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The Diocese of Crookston, their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;
- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the aforementioned entities or persons from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

Parent/Guardian acknowledges that The Diocese of Crookston and its directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

Parent/Guardian understands that while participating in this activity, my child may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

This waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT AND I SIGN IT OF MY OWN FREE WILL. BY SIGNING MY NAME BELOW, I AGREE TO THE ABOVE TERMS AND CONDITIONS.

Parent/Guardian Signature: _____ Date: _____