

**CHRISTIAN LEADERSHIP INSTITUTE (CLI) 2019  
RELEASE/WAIVER AND HEALTH INFORMATION**

Name \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Cell \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Cell \_\_\_\_\_

I, the parent/guardian of \_\_\_\_\_, hereby request that my child be allowed to participate in the **Christian Leadership Institute** from **July 8-12, 2019**, sponsored by the Office of Youth and Young Adults of the Archdiocese of Louisville. I further give my permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in the above activities.

In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child (children) waive and release any and all claims that I might have against the Office of Lifelong Formation and Education of the Archdiocese of Louisville, the Archbishop, and the Archdiocese of Louisville, its employees, and any of their respective affiliates, successors, agents, members and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our child, or property loss or damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

In case of accident or serious illness, I request that I be contacted. If I cannot be reached, I hereby authorize the CLI Director and/or an adult sponsor to make whatever arrangements the circumstances allow. If my child must leave the program for any reason, I understand that it is my responsibility to pick her/him up. It is understood and agreed that the Catholic Archdiocese of Louisville is the insurer of my child's health and safety whiles/he is engaged in supervised activities, including sports. I understand it to be my obligation to provide such insurance as I may desire to purchase to protect myself and my child against the costs of sickness or injury. If the above-named child needs emergency medical treatment, or a parent or guardian cannot be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

I also give my permission for the use of photographs/video, which may include my child, to be used by the Archdiocese of Louisville and/or its Office of Lifelong Formation and Education for promotional purposes. This includes but is not limited to bulletin boards, brochures, newsletters, the Archdiocese website and/or Facebook, Twitter, Instagram, and Youtube sites.

**Furthermore, I understand my child is expected to be present the entire week and not leave CLI except in the case of an emergency.**

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

*\*Complete and sign both sides of form and return to:  
Office of Youth and Young Adults, CLI, 1200 S. Shelby St., Louisville, KY 40203*

**CLI**  
**HEALTH/MEDICAL INFORMATION**

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

List any allergies, chronic or existing conditions, disease/medical problems, or special dietary needs\* (e.g. diabetes, vegetarian, food allergies, etc), including any instructions for care. *Call us if you would like to review the menu. You may need to consider bringing some of your own food for the week.*

(For information purposes only) List medications your child is taking on a regular basis and directions for administration of each (e.g. time(s) to be given, possible side effects, etc)

I hereby grant permission for non-prescription medication (throat lozenges, Tylenol, ibuprofen, cough drops, etc.) to be given to my child if necessary. By signing below, I relieve and release the Archdiocese of Louisville and personnel, including volunteers, of any and all liability related to the administration of any non-prescription medications. I further understand that it is my responsibility as parent/guardian of this child to keep CLI personnel informed and updated about any medical and/or legal matters related to my child. **I understand that my child must administer and monitor the use of his/her prescription medications.**

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

*\*Questions should be directed to Laura Zoeller, Associate Director, Office of Youth and Young Adults of the Archdiocese of Louisville, [lzoeller@archlou.org](mailto:lzoeller@archlou.org) or 636-0296. Ext. 1204.*

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