

2026 Homebuild Participant Consent Form

Destination: St. Michael / Multi-Parish Home Build

Date of Event: June 22 - 13, 2026

Participant Cost: No cost

I understand that this activity will take place on / away from the parish premises. I further consent to the conditions stated below on participation in this event, including that I/we will be transporting ourselves.

I am aware if there is suspicion of drug or alcohol use, or if any drugs or alcohol are found, if smoking occurs, or severe behavior endangering the safety or wellbeing of another person occurs, I will be asked to leave immediately. The decision to send someone home will be made at the discretion of the Home Build leaders and staff.

I/We hereby release and indemnify CrossRoads Missions, Archdiocese of Chicago, and the parishes of St. Stephen, St. Elizabeth Seton, St. George, St. Francis of Assisi, St. Michael, St. Julie Billiart, and St. Damian, their staff and their volunteers, from any and all liability arising from claims of any kind of nature whatsoever from my participation in this event. All participants do hereby grant and convey to Crossroads Missions, Archdiocese of Chicago, and the parishes of St. Stephen, St. Elizabeth Seton, St. George, St. Francis of Assisi, St. Michael, St. Julie Billiart, and St. Damian all rights, title and interest in and all photographic images, video and audio made by Crossroads Missions, Archdiocese of Chicago, St. Michael Parish or activities identified by or related to this form.

BY SIGNING BELOW, I HAVE READ THIS DOCUMENT AND UNDERSTAND IT.

Participant Print Name _____ Signature _____

Phone Number _____ Date _____

Email Address _____

Emergency contact name and Cell Phone Number

Additional Participant's Signature _____

Additional Participant's Signature _____

Additional Participant's Signature _____

Additional Participant's Signature _____

For participants under 18, a parent/guardian signature is required.

Parent/Guardian supervision is required at all times. NO DROP OFFS!

Participant Name (under 18) _____

Participant Name (under 18) _____

Participant Name (under 18) _____

Participant Name (under 18) _____

Parent/Guardian Signature _____

Phone Number _____ Date _____

Please add any important medical information below if necessary.