

JULY 14, 2026

HOLIDAY WORLD & SPLASHIN' SAFARI

EAST SIDE YOUTH GROUPS INCOMING 5TH - OUTGOING 12TH GRADE

\$70 PER CHILD (TICKETS AND BUS)

Holiday World is cashless! Your child is responsible for meals, lockers and any other expenses.

DEPART FROM ST. BEN'S AT 8:30AM

ARRIVE BACK AT ST. BEN'S AT 8:00PM

RETURN FORMS AND MONEY TO YOUR PARISH BY JULY 6TH

DIOCESAN EVENT WAIVER AND RELEASE
CATHOLIC DIOCESE OF EVANSVILLE (REV. 9/16)

Youth's Name: _____	Age: _____	Grade: _____
Parish/School/Program: _____	City: _____	
Event: <u>Holiday World Trip</u>	Date(s): <u>7/14/26</u>	

I/We, the parent(s)/guardian(s) of the above named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Evansville,

_____ Parish, _____ Pastor, and any of their respective affiliates, successors, agents, employees, 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 youth or property 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.

It is understood and agreed that neither the Parish, the Catholic Diocese of Evansville, any respective affiliate, successor, agent, employee, member, representative, adult sponsor, nor other volunteer is the insurer of my child's health and safety while he/she is at youth functions, engaged in supervised activities, including sports, or being transported in association with the event. I/We understand it to be my/our obligation to provide such insurance as I/we may desire to purchase to protect myself/ourselves and my/our child against the costs of sickness or injury.

In case of emergency or serious illness, should the above-named child require medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such medical treatment as may be considered necessary in the opinion of the attending physician.

I UNDERSTAND THAT MY SIGNATURE RELIEVES DIOCESAN AND/OR PARISH PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF ANY PRESCRIBED MEDICATION LISTED ON THE DIOCESAN MEDICAL INFORMATION FORM (INCLUDING OVER-THE-COUNTER DRUGS).

Further, I/we acknowledge having read, or been made aware of the Diocesan Youth and/or Adult Codes of Conduct, the Diocesan Release for Media Recording, and the Diocesan Off-site Transportation Policy, and I/we agree to be bound by the terms and conditions set forth in those documents (copies available via www.evdio.org/diocesan-forms-for-oyaya). I acknowledge and understand that any action on behalf of my/our child/dependent that is inconsistent with the Diocesan Code of Conduct may result in appropriate disciplinary action as outlined in those documents.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Parent/Guardian Printed Name: _____
Signature: _____ Date: _____

MEDICAL INFORMATION
CATHOLIC DIOCESE OF EVANSVILLE (REV. 7/12)

Youth's Name: _____

Address: _____

(Street)

(City, State, Zip)

Parent/Guardian
to Call in Emergency: _____

(Print Name)

(Phone)

A Parent/Guardian
CANNOT be reached: _____

(Print Name)

(Phone)

Family Physician: _____

Family Insurance Carrier: _____

(Print Name)

(Phone)

Insurance Policy Number: _____

Are parents living together: Yes. No.

With whom does child live? Mother. Father. Other: _____

Is anyone, by court order or decree, designated as the sole, custodial parent? If so, list:

List anyone restrained from picking up child: _____

I understand it is my responsibility to keep the youth minister informed about such matters and to provide copies of relevant court orders and decrees to officials.

List any chronic or existing disease or medical problems (e.g. diabetes, asthma, epilepsy):

List any medications your child is taking on a regular basis:

Should it become necessary, please list any instructions for care of the above:

Place "X" in box if it is **NOT** acceptable for your child to be provided over-the-counter medications (e.g., commonly used pain, allergy, or nausea medications).

Parent/Guardian Signature

Date

OFF-SITE PRIVATE DRIVER PERMISSION FORM



I, _____ grant permission for my child, _____
(Parent or guardian's name) (Child's name)
to participate in this parish event that requires transportation to a location away from the parish site.
This activity will take place under the guidance and direction of parish employees and/or volunteers
from _____.
(Name of parish)

A brief description of the activity follows:

Type of event: _____ Holiday World Trip _____
Destination of event: _____ Holiday World _____
Individual in charge: _____ Olivia Phipps _____
Estimated time of departure and return: _____ 8:45am. 8:00pm _____
Mode of transportation to and from event: _____ Bus _____

All volunteer drivers are twenty-five (25) years of age or older, possess a valid driver's license, have a proper and current license and vehicle registration, and have the required insurance coverage in effect on their designated vehicle used to transport participants. All volunteers have completed the Safe Environment training and a background check, and will maintain two-deep leadership while volunteering and transporting participants.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I understand that a private passenger vehicle, driven by an approved adult of the parish, will be used to transport my child during this parish event, and I hereby grant permission for my child to be transported by those volunteer drivers designated for this parish event. In addition, I understand that neither the Diocese of Evansville, The Bishop of the Diocese of Evansville,

_____ parish, the pastor nor any staff member thereof, is responsible for loss or liability while my minor child is in, or being transported in, a volunteer-driven vehicle.

Any and all liability for loss or injury is assumed by the volunteer driver and his/her insurance provider under the terms of his/her automobile insurance policy. Transportation to and/or from the event is not considered a part of the event itself, and therefore, the transportation is not part of the parish/diocesan sponsored event.

Signature: _____ Date: _____

* If a participant is eighteen years of age but not assigned as a driver, this form must be filled out by that participant him/herself.