

VOCATIONS EVENT LIABILITY FORM



Diocese of
Green Bay

Location: Diocese of Green Bay Campus
1825 Riverside Drive Green Bay, WI 54301

Supervisor of Event: Rev. Mark Mleziva – Vocation Director; Fr. Kevin Ripley –Director of the Kairos Year;
Carolyn Lefeber – Vocation Coordinator

Type of Event: Mass, Dinner, and Discussion with Bishop Ricken,
priests, and other young men in discernment.

Date of Event: Wednesday, September 24, 2025. 5:30 PM – 8:00 PM.

Transportation: Participant(s) and parents to provide at their own risk

Involved Entities: Diocese of Green Bay, Vocation Office, Office of the Bishop

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participant's name: _____ Date of Birth: _____

Sex: _____ Parent/Guardian's name(s): _____

Home address: _____

Parent Email address: _____ Parent Cell phone: _____

Participant Email address: _____ Year in School: _____

Parish of Participant: _____

Participant's School: _____

The purpose of this event is to help our young men grow in a discipleship relationship with Jesus Christ and the Church. The focus of the event is to reflect upon the priesthood as a "calling" and to encourage our youth be open to the possibility of such a calling in their lives. By allowing your son to attend such an event, it is understood that you encourage him on his faith journey. This is not an event where we enroll men in the seminary. Becoming a priest is a lengthy process, and should your son one day experience that calling in his heart, the Vocation Director would prefer to meet with the candidate's family in person to help unpack how the process works. The St. Andrew Dinner requires no commitment, no obligations, and no pressure to become a Roman Catholic Priest. We prefer that the participant be able to speak and listen freely in front of his peers about the Gospel and discipleship today. For this reason, the event is limited to those participants themselves who are open to this possibility along with their priests, youth minister, pastoral leader, campus minister, or other leader who may have invited them. Thank you for your support and trust as we continue to make disciples of all of the nations and build up the Church.

I, _____ grant permission for my child/dependent, _____ to participate in this
Parent or Guardian's Name ***Participant's Name***
event which requires that I secure transportation for my son/dependent to a diocesan and/or parish site. The above-named entities will not provide transportation, and I can request that any parish/school/diocesan entity that offers transportation provide its own liability waiver. This activity will take place under the guidance and direction of parish/school/diocesan employees and/or volunteers from the Diocese of Green Bay and/or the above-named entities. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant"). I agree on behalf of myself, my son/dependent named herein, or our heirs, successors, and assigns, to hold harmless and defend all of the above-named entities, its officers, directors, employees and agents, and the Diocese of Green Bay, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my son/dependent

attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the above named entities, its officers, directors and agents, and Diocese of Green Bay, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the above named entities or the Diocese of Green Bay.

Signature: _____ Date: _____

SPECIFIC MEDICAL INFORMATION:

The above-named entities will take reasonable care to see that the following information will be held in confidence.

Allergic reactions to any foods: _____

Does child have a medically prescribed diet? _____

Special medical conditions of my child: _____

PARENTAL/GUARDIAN STATEMENT OF INTENT FOR THE USE OF SOCIAL COMMUNICATIONS AND PERSONAL REPRESENTATION FOR THE DIOCESE OF GREEN BAY AND THE VOCATION OFFICE

PHOTO RELEASE:

I authorize permission for my child(ren)'s participation in videotaping and/or photographs which may be taken during the program/trip/event. These could be used for further promotional videos, website promotion, vocation event flyers, or other diocesan or parish appropriate uses that promote vocations.

___ **YES, I authorize** the photography or videography of my child at this event.

___ **NO, I do not authorize** the photography or videography of my child at this event.

Permissions for representative(s) of the Vocation Office to digitally communicate with minor child:

___ YES, I authorize	Follow up communication with the minor child electrically, usually by e-mail or phone call, but also including via social media or other digital means, in accordance with the <i>Safe Environment Social Communications Policy for the Diocese of Green Bay</i> by a Vocation Representatives of the Diocese of Green Bay, which is accessible via the link below: http://www.gbdioc.org/protectingourchildren/social-communication-policy.html
___ NO, I do not authorize	

Parental access/inclusion options for communications

___ NO, I waive	Access and inclusion in any communication or content involving my minor child and the Vocation Office; and to be included via Carbon Copy in e-mail communications using the e-mail address listed above.
___ YES, I request	

This statement of intent, and if indicated—consent—is valid until revoked. If I choose to rescind my consent to the authorization, I agree that I will inform the Vocation Office in writing and that my rescission will not take effect until it is received by one of its representatives. I understand however that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission. I have read this certification, acknowledgement, statement of intent and if indicated, release, and have had the opportunity to consider its terms, and understand it. I execute it voluntarily and with knowledge of its significance. I have been made aware of the *Safe Environment Social Communications Policy for the Diocese of Green Bay*.

Signature of Parent/Guardian: _____ Date: _____