

# Catholic Charities Disability Services & Ministries Dance Nights

## REGISTRATION IS REQUIRED

### SUPERVISION MUST BE PROVIDED BY PARTICIPANTS' CAREGIVERS

To participate in Catholic Charities Disabilities Services and Ministries Dance Nights, please provide your information below and sign the attached Programs Authorization Form/Waiver of Liability and Release and the Authorization for Medical and/or Emergency Treatment.

Please note that photos may be taken at the dance for Catholic Charities Disability & Ministries Services publication in print or electronic form. Please see the attached Authorization to Photograph and Release of Claims

**This release is effective for dances during the period: 1/1/2026 – 12/31/2026.**

### Section I - Registration

**Participant Name:** \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Gender:  Male  Female Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Legal Guardian Name:** \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION – for caregiver(s) accompanying participant to the dances.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**I hereby acknowledge that I have read, understood, and agree to the content of this Registration Form and I confirm that all information submitted is complete and accurate, and that I agree to permit the Caregiver(s) listed in Emergency Contacts to accompany the Participant to the Program.**

\_\_\_\_\_  
Participant Name (print)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Legal Guardian Name (print)

\_\_\_\_\_  
Legal Guardian's Signature

\_\_\_\_\_  
Date Signed

**Section II – Authorization/Waiver of Liability, Medical Release, and Photo Release**

**Release #1 & #2 MUST be signed / Release #3 is Optional**

**Catholic Charities Disability Services & Ministries Programs Authorization Form/Waiver of Liability and Release**

**1) PERMISSION TO PARTICIPATE AND WAIVER OF LIABILITY AND RELEASE (required)**

I pledge and agree that all information contained in the registration form for Catholic Charities Disability Services & Ministries Dance Nights (hereinafter "Program"), is accurate, complete and true. I approve the registration form to participate in the Program, and I agree to abide by the rules and decisions of Program that are contained in the registration packet and otherwise. I/We, the undersigned, consent to the participation of \_\_\_\_\_ [Participant's Name] ("Participant") in activities while at the Program. In exchange for the Participant's participation in the Program, I/We, the undersigned, Participant/parents or guardians, on behalf of the Participant and on behalf of myself/ourselves, my/our heirs and assigns, hereby agree to indemnify, save and hold harmless the Disability Services & Ministries Programs, Catholic Charities Corp., dba Catholic Charities Diocese of Cleveland, the property owner and any of their employees, directors, officers, agents, successors, assigns, licensees, representatives, and attorneys from any injury and/or disability sustained by the Participant and me/us arising out of or resulting from Participant's participation in the events and Programs offered by Catholic Charities Disabilities Services & Ministries. As a Participant/parent or guardian of a Participant in the above Program, I/we recognize and acknowledge that there are certain risks of injury and I/we agree to assume the full risk of any injuries, including loss of life, damages, or other losses which the Participant and I/we may sustain as a result of the above Participant in any and all activities connected with or associated with the Program. In consideration of the above referenced Participant being permitted to attend the Program, I/We agree on behalf of the Participant and myself/ourselves, to waive and relinquish ANY AND all claims and to fully release, discharge and agree to indemnify, hold harmless the Program, Catholic Charities Corporation, dba Catholic Charities Diocese of Cleveland, the property owner, and any of their employees, and any of their employees, directors, officers, agents, successors, assigns, licensees, representatives, and attorneys from any and all claims resulting from injuries, including loss of life, damages or other losses sustained by the Participant and/or me/us arising out of, connected with or in any way associated with participation in the activities related to Programs.

The Emergency Authorization Form and Release, set forth below, must be completed prior to participation. I have read and fully understand the contents of this Permission to Participate and Waiver of Liability and Release, and agree to the provisions contained herein.

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

**2) AUTHORIZATION FOR MEDICAL AND/OR EMERGENCY TREATMENT AND RELEASE (required)**

I/We hereby give permission and authorize Disability Services & Ministries Dance Nights (hereinafter "Programs"), and any of their employees agents or EMS to provide medical care including but not limited to the administration of prescribed medications and the delivery of first aid care to the Participant for whom I am parent or legal guardian (hereinafter "the Participant"). I hereby give permission and authorize the Program, its employees or agents to act on my behalf or on the behalf of the Participant to seek medical treatment in the case of illness or accident from a medical practitioner or hospital and to arrange necessary related medical transportation. Should medical attention be required to care for me or for the Participant, I agree to pay any expenses incurred and I further acknowledge and state that Participant and/or I/We has/have adequate health insurance coverage to reimburse emergency care if it is required.

In the event that reasonable attempts to contact me/us or my/our emergency contact have been unsuccessful, I hereby grant consent and permission for the Program staff to accompany Participant to emergency medical care, and permit the administration of emergency treatment and care on him/her, including but not limited to x-ray examination, medical or surgical diagnosis or treatment and hospital care rendered under the supervision of any physician or surgeon licensed to practice medicine in the State of Ohio.

In consideration of my participation and/or the participation of the Participant in the Program and wishing to promote and benefit from this non-profit cause, I/we hereby release and hold harmless the Program, Catholic Charities Corporation, dba Catholic Charities Diocese of Cleveland, the property owner, and any of their employees, directors, officers, attorneys, agents, representatives, successors and assigns, from any and all liability for claims and demands arising out of the medical or emergency medical care of the Participant. I specifically waive any rights and claims that I or the Participant may have as well as any other claims for damages in law or equity.

I have read and fully understand the contents of this Authorization for Medical and/or Emergency Medical Treatment and Release, and I agree to the provisions contained herein. IN WITNESS WHEREOF, I set my hands hereto as of the date set forth below:

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

### 3) AUTHORIZATION TO PHOTOGRAPH & RELEASE (Optional)

I hereby give permission and authorize Catholic Charities Disability Services & Ministries Dance Nights (hereinafter "Program"), its agents or employees, to photograph, or otherwise electronically or digitally record my image or the image of the Participant for whom I am parent or legal guardian for publication in printed or electronic form, and for my image or that of the Participant to be seen by and disseminated to the general public in any media form, including, but not limited to Catholic Charities Disability Services & Ministries' newsletters, social media, posters, displays, films, videos, or websites ("Media")

In consideration of my participation or the participation of the Participant in the Program, , and wishing to promote and benefit this non-profit cause, I hereby indemnify, release and hold harmless the Program, Catholic Charities Corporation, dba Catholic Charities Diocese of Cleveland, the property owner, and any of their employees, directors, officers, attorneys, agents, representatives, successors and assigns, from any and all liability for claims and demands arising out of the use of my image or the image of the Participant in any aforementioned Media. I specifically waive any rights and claims that I or the Participant may have or claim for privacy, invasion of privacy, libel, payment or royalties for use of the above-described photograph, as well as any other claims for damages in law or equity.

I have read and fully understand the contents of this Authorization to Photograph and Release, and I agree to the provisions contained herein. IN WITNESS WHEREOF, I set my hands hereto as of the date set forth below:

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Signature of Parent/Legal Guardian

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Date