



Please return no later than Nov. 10th  
by email to preynolds@grdiocese.org  
or mail to:

Diocese of Grand Rapids  
Attn: Pattie Reynolds  
360 Division Ave. S  
Grand Rapids, MI 49503

## VIANNEY VISIT REQUIRED PARTICIPANT INFORMATION

Thank you for taking the time to completely fill out and return these forms to us. Most of the following information is required by Saint John Vianney college seminary as we register each participant to attend the Vianney Visit. Please note, the secondary contact information will only be used if the primary contact cannot be reached.

### Participant Information:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Participant Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Parish: \_\_\_\_\_ Pastor: \_\_\_\_\_

Current or Last School attended: \_\_\_\_\_

Grade/level: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Allergies or medical concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Emergency Contacts:

1. Primary Contact: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_ Phone: \_\_\_\_\_

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

2. Secondary Contact: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_ Phone: \_\_\_\_\_

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

PHOTOS AND/OR VIDEOS MAY BE TAKEN DURING THE VIANNEY VISIT WEEKEND BY THE UNIVERSITY OF ST. THOMAS, ST. JOHN VIANNEY COLLEGE SEMINARY. PLEASE INDICATE IF YOU DO OR DO NOT GIVE SJV PERMISSION TO USE YOUR PHOTO ON THEIR PROMOTIONAL MATERIALS. YES, I DO GIVE PERMISSION NO, I DO NOT GIVE PERMISSION.

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

**PLEASE FILL OUT AND RETURN  
IF YOU ARE A MINOR ONLY**

Dear Parent or Legal Guardian:

Your child is eligible to participate in a diocesan-sponsored activity requiring transportation to a location away from the Diocese of Grand Rapids premises. This activity will take place under the guidance and supervision of employees from the Diocese of Grand Rapids. A brief description of the activity follows:

**Name of Event:** Vianney Visit to St. John Vianney College Seminary

**Destination:** St. John Vianney College Seminary in St. Paul, MN

**Designated Supervisor of Activity:** Fr. Stephen Durkee, Director of Priestly Vocations

**Date and Time of Departure:** November 18, 2021, at 6:00a.m.

**Date and Time of Return:** November 20, 2021, estimated arrival 7-9 p.m.

**Method of Transportation:** Great Lakes Motorcoach

*If you would like your child to participate in this event, please complete, sign, and return the bottom half of this form to the Diocese of Grand Rapids, Office of Priestly Vocations by November 17, 2021.*

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**Statement of Consent**

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above scheduled for **November 18-20, 2021.**

I understand that the event will take place away from the Diocese of Grand Rapids. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless the Diocese of Grand Rapids, any, and all affiliated organizations, its/their employees, agents, representatives, volunteers, and drivers, from any, and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from, or relating to my child's participation in this event.

I authorize the Diocese of Grand Rapids to obtain necessary medical treatment for my child in case of illness, injury, or accident. List allergies, medication, contacts, or other pertinent comments: \_\_\_\_\_

During this event, I can be reached at I certify that I am the (check one)  Custodial parent  Legal guardian of the minor child named above, and I agree to the above terms for myself and for my minor child.

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

MEDICAL TREATMENT RELEASE FORM

***PLEASE FILL OUT AND RETURN  
IF YOU ARE A MINOR***

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition, which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Full Name of child: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Reason for which release is intended other than state above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Address of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

Family Physician: Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

List allergies, medication, contact, or other pertinent comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Health Insurance Data:**

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Signed by Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# DIOCESE OF GRAND RAPIDS

## MEDIA RELATIONS/PROMOTIONS RELEASE FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE: \_\_\_\_\_

### RELEASE

***IF PERSON BEING USED IN THE MATERIAL IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.***

I/we give my/our permission to the Roman Catholic Diocese of Grand Rapids, Michigan, (the Diocese) and all entities, representatives, employees, and agents operating under its authority to use, without prior notice, my name or my minor child's name, city and state, and/or audio, video(s), photo(s), and/or any other likeness and to use statements made by or attributed to me or my child relating to the Diocese, without compensation, for web, social media, publicity or similar promotions for the Diocese. I waive my right to inspect or approve such publications, including any written copy that may be created in connection therewith. ***I/we agree that my/our signature(s) below releases any and all claims against the Roman Catholic Diocese of Grand Rapids, or its associated entities related to or arising out of the Diocese's use of the stated items as media relations/promotional material(s).***

Yes, I grant permission for release

No, I do not grant permission for release

Signature of Individual (if 18 or older): \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Legal Guardian (print): \_\_\_\_\_  
(if individual is under 18 years old)

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

If individual referenced above is under 18, please indicate your relationship to that person: \_\_\_\_\_

\*Once completed, please return this form to your parish/school administration office