



# STAND UP FOR LIFE MARCH & RALLY

**8:30 am** Bus leaves St. Theresa the Little Flower for Columbia, SC

**11:00 am** Line up at USC Russell House, Greene St.

**11:30 am** Knights of Columbus lead March for Life to the State House

**12:00 pm** SC Citizens for Life Rally begins at State House, Gervais St.

**1:15 pm** March from State House to Township Auditorium, Taylor St.

**1:30 pm** Lunch (Bring a bag lunch)

**2:00 pm** Catholic Youth Stand Up for Life Rally with Leah Darrow

**4:00 pm** Mass with Bishop Robert Guglielmone

**5:30 pm** Dinner

**8:30 pm** Bus arrives back at St. Theresa the Little Flower

## JANUARY 12, 2019

ALL ages welcome! T-shirts \$12

Email Alicia at [YouthMinistry@StTheresaChurch.com](mailto:YouthMinistry@StTheresaChurch.com)

# Catholic Youth Stand Up for Life Rally

Saturday, January 12, 2019  
Township Auditorium – Columbia, SC  
Key Note Speaker – Leah Darrow



*Leah Darrow is an international Catholic speaker who inspires others to embrace Christ's mercy, reclaim beauty, and become who God made them to be. She was on the reality TV show America's Next Top Model and later worked as a professional model before experiencing a conversion back to her Catholic faith. Leah is author of the book *The Other Side of Beauty* and podcast host of *Do Something Beautiful*, where she shares inspirational stories about people who are truly doing something beautiful to make our world better. She is a mama to four wild saints-in-training and wife to a pretty cool dude named Ricky.*

- All youth under age 18 attending the event must return the included **"Parent/Guardian Permission and Liability Waiver"** by January 3, 2019.
- All adults over age 18 attending the event must return the included **"Adult Release Form"** by January 3, 2019.

These forms are to ensure your safety in case of an emergency. All information is confidential.

The Justin Dery Band will be leading us in praise and worship music.

*All seating is auditorium style with a chair for everyone. There is plenty of parking for both cars and buses at the Township Auditorium and State House. All ages are welcome.*

Reserve your spot on the bus with Alicia Tosca by January 3, 2019!

Email Alicia at [YouthMinistry@StTheresaChurch.com](mailto:YouthMinistry@StTheresaChurch.com)

# Parent/Guardian Permission and Liability Waiver

## Description of Activity/Event:

Date(s): January 12, 2019  
Type of Event: South Carolina March for Life and Youth Rally  
Departure Time: 8:30 AM from St. Theresa the Little Flower  
Return Time: 8:30 PM to St. Theresa the Little Flower  
Emergency Contact: Alicia Tosca (904) 314-9855  
Destination: Russell House, 1400 Greene St, Columbia, SC  
Individual in Charge: Alicia Tosca  
Mode of Transportation: Capitol Tours Bus

## Participant Information:

Participant's Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Adult T-Shirt Size: \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_2X \_\_\_3X

## Permission to Participate:

I, \_\_\_\_\_, grant permission for my son/daughter, \_\_\_\_\_  
*Parent or Guardian's Name* *Child's Name*  
to participate in this parish youth ministry 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 **St. Theresa the Little Flower Parish of Summerville, South Carolina.**

## Hold Harmless Agreement:

As parent/legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above.

I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend **St. Theresa the Little Flower Parish of Summerville, South Carolina.** its officers, directors, agents, and the Diocese of Charleston from any liability for illness, injury or death arising from or in connection with my son's/daughter's attending the above named activity/event.

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

## Permission To Be Photographed:

I give my permission for my child, \_\_\_\_\_, to be photographed at this event and understand that the photographs may be used for publicity, etc. \_\_ Yes \_\_ No

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

## MEDICAL CONSENT AND PERMISSION TO TREAT

### Release of Information:

To the best of my knowledge, my child, \_\_\_\_\_ is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

I hereby grant medical personnel permission to release medical information to the Diocesan Director and/or my parish youth minister in the event that my youth becomes ill or injured.

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

### Insurance Information:

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### Emergency Contact Information:

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

If you are unable to reach me, please contact:

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

Relationship to me or my son/daughter: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

### Medical History:

My son/daughter is under the care of a medical provider. \_\_\_\_ Yes \_\_\_\_ No

Provider Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled. My son/daughter is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows: \_\_\_\_\_

I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) to be given to my child if necessary. \_\_\_\_ Yes \_\_\_\_ No

My son/daughter is allergic to the following: \_\_\_\_\_

My son/daughter's immunizations are current and up to date \_\_\_\_ Yes \_\_\_\_ No

My son/daughter has the following limitations: \_\_\_\_\_

My son/daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bedwetting, etc. \_\_\_\_ Yes \_\_\_\_ No

Please explain: \_\_\_\_\_

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

January 12, 2019  
March \$Rally for Life

**DIOCESE OF CHARLESTON  
ADULT RELEASE FORM**

**PARTICIPANT INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Phone : \_\_\_\_\_ Eve Phone : \_\_\_\_\_  
Parish/School & City: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PHYSICIAN & HEALTH INSURANCE INFORMATION:**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Health Insurance Co. \_\_\_\_\_  
Policy No. (Individual) \_\_\_\_\_ (Group) \_\_\_\_\_  
Please list any medication that you may have an allergy to and/or any health problems a  
Physician would need to know in treating you. \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL AUTHORIZATION & RELEASE OF INFORMATION**

In the event of injury or illness I hereby give my permission to Jerry White, Director of Youth Ministry, employee of the Diocese of Charleston, to authorize transportation for me to a medical facility for any necessary medical treatment. I agree that in case of injury I will apply my hospitalization and/or accident insurance toward the payment of the expenses incurred. I give my permission to medical personnel to share information with my parish youth minister or Jerry White, Director of Youth Ministry, in the event of injury or illness.  
Signature Required: \_\_\_\_\_

**RELEASE AND INDEMNIFICATION**

I hereby release the Diocese of Charleston, their agents, successors, legal representatives and its employees from any liability for any injury to myself as a result of my participation in the Diocesan event, and I agree to indemnify and save the Diocese harmless for any costs or expenses it may incur as a result of my participation.  
Signature Required: \_\_\_\_\_

**CODE OF BEHAVIOR**

Participation in the Conference is a privilege and not a right. Each adult must attend all scheduled activities. The behavior of all (youth & adults) must reflect Christian values. The Sponsoring Adult must stay at the entire event and is responsible at all time for his/her youth. Each parish, through the sponsoring adult, will take full responsibility for any damage done by their group. Drugs/Alcohol are not permitted. The Diocesan staff reserves the right to ask any participant to leave at the participant's own expense. I have read and agree to uphold the above "Code of Behavior".  
Signature Required: \_\_\_\_\_