

# Teens Encounter Christ Candidate Application

TEC is a retreat experience for high school juniors and seniors and those one year out of high school, sponsored through the DIOCESE OF TOLEDO Youth Ministry Office. This application should be completed by the applicant. The TEC Reference Form should be completed by your youth minister, a teacher, priest, neighbor, or some other adult who knows you (other than your parents). Send this form with a \$50.00 NON-REFUNDABLE deposit.



Make checks payable to: Diocese of Toledo  
Mail application and payments to: Diocese of Toledo  
1933 Spielbusch Ave.  
Toledo, OH 43604-5360  
Attn: YYACM Office

**The total cost of the weekend is \$ 120.00. which includes the \$50.00 deposit.**

⇒ Two weeks prior to your weekend you will receive an email with more details about your TEC retreat.

## Candidate Information

Participant First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Candidate Email Address (Please Print Very Clearly) \_\_\_\_\_

School \_\_\_\_\_ Parish \_\_\_\_\_

Age \_\_\_\_\_  Male  Female  Junior  Senior  One Year out of high school

Date of TEC Weekend you plan on attending \_\_\_\_\_

Any special health, physical or dietary accommodations you may require during the weekend? \_\_\_\_\_

Have you had any other retreat experience? \_\_\_\_\_

What activities have/do you participate in at your school? \_\_\_\_\_

\_\_\_\_\_

Do you hold a class office or other position of leadership? \_\_\_\_\_

What do you hope to gain from your TEC experience? \_\_\_\_\_

\_\_\_\_\_

_____	_____	_____	_____
Mother's Name	Phone numbers: home	cell	email address
_____	_____	_____	_____
Father's Name	Phone numbers: home	cell	email address

For Office Use Only:

Rec'd:

Dep.: \$

CK #

PL Sent:

# TEC PERMISSION FORMS

\_\_\_\_\_  
**Name of Participant**

I give permission to the above named person to participate in the Teens Encounter Christ (TEC) weekend, sponsored by the Diocese of Toledo, Youth Ministry Office.

Registration begins Saturday at 10:00 am at the Our Lady of Consolation Retreat House in Carey, Ohio. The program begins at 11:00 am on Saturday and concludes at 6:00 pm on Monday.   **INITIAL** \_\_\_\_\_

## **PHOTOGRAPHIC AND INFORMATION RELEASE**

This confirms the agreement between you and the Diocese of Toledo (the Diocese and all related entities) regarding your participation in approved Diocese activities in which you may be photographed or videotaped (the Property) from time to time. For valuable consideration received, you hereby irrevocably grant to the Diocese perpetually, exclusively, and for all media throughout the world (including print, non-theatrical, home video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use, copyright, publish and incorporate (alone or together with other materials), in whole or in part, photographs or video footage taken of you as a result of your participation in approved activities of the Diocese.

You hereby agree that you will not bring or consent to others bringing claim or action against the Diocese on the grounds that anything contained in the Property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on you, violates any other right whatsoever, including, without limitation, rights of privacy and publicity. You hereby release the Diocese, its representatives, agents, employees, successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that you may hereafter have against the Diocese or any related entity in connection with the Property.

This agreement shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the Property. If the participant is under 18 years old, you have also signed as parent or guardian of the participant.

The Diocese shall have the right to assign its rights hereunder, without your consent, in whole or in part, to any person, firm or corporation. This authorization will remain in effect indefinitely unless otherwise revoked by the undersigned. I understand that I have the right to revoke this authorization at any time by submitting a written request to appropriate personnel. This revocation will be effective, except to the extent that the Diocese has already taken action in reliance on my authorization.

\_\_\_\_\_  
**Signature**

**(Parent or Guardian if under 18)**

\_\_\_\_\_  
**Date**

## **TEC MEDICAL / LIABILITY RELEASE**

*In case of a medical or other emergency, the TEC leaders would try to contact the parents immediately. However, if this should be impossible, Teens Encounter Christ and the Diocese of Toledo, Youth Ministry Office request the following release from the parents/guardians to act immediately on the advice of a doctor according to their good judgment. Please sign the following statement to that effect.*

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 child named herein, or our heirs, successors, and assigns to hold harmless and hereby release TEC (Teens Encounter Christ), the Youth Ministry Office of the Catholic Diocese of Toledo, their staffs, sponsors and all adult volunteers from responsibility and liability for any injury or illness that my child may sustain during this TEC Weekend and/or in transit to or from the retreat. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I hereby authorize an adult leader of this program, as agent to me, to consent to any x-ray examination, dental or medical or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate), licensed to practice under the laws of the state where the services are rendered, either a doctor's office or any hospital. I expect to be contacted as soon as possible.

Family Health Plan Carrier: \_\_\_\_\_ Policy: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Emergency Phone number**