

TEC TEAM APPLICATION

First Name _____ Last Name _____ TEC Team # _____

Home Address _____ City/State _____ Zip _____

Email Address (Please Print Very Clearly) _____

Primary Phone Number _____ Alternate Phone Number _____

Date of Birth _____ Age on Weekend _____

School or place of employment _____

Parish _____ T-shirt size _____

Our main focus as a TEC Team is to model for the weekend participants the values of Christian living as understood by the Roman Catholic Church—an understanding based on scripture, tradition, community, and active participation in the Sacraments.

Responsibilities / Expectations of Team Members include the following:

- Actively participate in the Sacramental life of the Church by participating in the Sacrament of Eucharist weekly and the Sacrament of Reconciliation at least once in preparation for the weekend.
- Faithfully present the teachings of and live in faithful communion with the Catholic Church.
- Be in compliance with the “To Protect and Heal” policy of the Diocese of Toledo including all trainings and background checks as necessary.
- Attend all Team meetings, as well as any additional necessary meetings as assigned.
- Serve in whatever capacity you are asked.
- Follow-up with the candidates after the weekend, inviting and encouraging them to participate in future TEC functions such as Reunions/Hoots and in their home parishes and schools. Specifically, this includes a personal commitment to pray for the candidates.
- Team fee is \$100 (plus the cost of fingerprinting as necessary)

I commit myself to responsibly live a moral and spiritual life, both publicly and privately. This means that I am willing to exemplify Christ through love and by example, to live his death and resurrection, and to live the celebration of the Sacraments. This also means that I will uphold and live out the teachings of the Church.

Above is my request to serve on a TEC Team. I understand that I will be expected to serve in whatever capacity might be needed. I also understand that I will be expected to attend and fully participate in all necessary Team training and meetings prior to or after the weekend as well as support the candidates on their fourth day journey.

I have read and will comply with the Responsibilities / Expectations for Team Members listed above. I understand if I am in violation of any of the Expectations I may be removed by the lay director or by the diocesan representative.

Signature: _____ Date: _____

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 Diocesan 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

Medical Permissions (Limited): As a condition of attending the TEC Weekend, I grant permission in the event of an emergency or accident rendering me unconscious for emergency medical care to be administered to me within the Facilities and/or during or after transportation to a hospital or doctor for emergency medical care.

Waiver of Liability/Hold Harmless: By signing this liability waiver, I agree and acknowledge that I may be giving up important legal rights and remedies available to myself, my family, my heirs, successors, and assigns. For value received, I agree on behalf of myself, my heirs, successors, and assigns ("Our Behalf") that I assume all risks and waive any liability of any nature whatsoever against and agree to hold harmless Carey TEC and the Diocese of Toledo with respect to any and all actions, claims or demands that may be made or brought on Our Behalf against Carey TEC and/or the Diocese arising out of or in connection with travel to, or attendance at the TEC Weekend or any other activity I may engage in while at the weekend.

Family Health Plan Carrier: _____ Policy: _____

Emergency Contact: _____ Phone Number _____

Signature: _____ **Date:** _____
(Parent or Guardian if under 18)