



Bowman-Francis Ministry

8681 Jaffa Court East Drive, Apt 31, Indianapolis, IN 46260-5328

Tel. 317-800-1621, email: ministry@bowmanfrancis.org

Website: www.bowmanfrancis.org

PARENT/GUARDIAN CONSENT AND LIABILITY WAIVER

I, (name of parent/guardian) _____ give permission for my child (name of child) _____ to participate in BOWMAN-FRANCIS MINISTRY ANNUAL NATIONAL BLACK CATHOLIC MEN'S CONFERENCE to be held in Indianapolis, Indiana on **October 13, 2022, thru October 16, 2022**. I hereby release and indemnify the Bowman-Francis Ministry [BFM], a Corporation Sole, from any and all liability arising from claims of any kind whatsoever from my child's participation in this program. I understand that if my child violates any laws regarding possession of Alcohol or Drugs during the event, I will be called to pick up my child from the premises. In the event the undersigned cannot be reached, and in the judgment of the responsible adult or other appropriate staff member accompanying the Group to **ANNUAL NATIONAL BLACK CATHOLIC MEN'S CONFERENCE**, if there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary:

Signature of Guardian _____ Date _____

MEDICAL MATTERS: I hereby represent that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with parent(s)/guardian(s) wishes.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to **THE BOWMAN-FRANCIS MINISTRY**, its officers, directors, agents, volunteers, and chaperones or representatives associated with **BOWMAN-FRANCIS MINISTRY** to transport my child to a hospital for emergency medical or surgical treatment. I furthermore give permission to these above-described parties to authorize any and all emergency medical treatment recommended by hospital or other medical personnel, in the event that neither I nor the emergency contact person listed below can be reached and recognize that I will be fully responsible for all cost and expenses related thereto. I wish to be advised prior to any further treatment by the hospital or doctor. If you are unable to reach me at the above numbers, contact:

Name and Relationship _____ Telephone _____

Name of Physician _____ Telephone _____

Family Health Plan Center _____ Policy Number _____

Participant's Social Security Number _____

I do not give authorize or give permission to any officer, agent, director, volunteer, or chaperone to provide any type of medical care or treatment to my child.

Signature _____ Date _____

(PLEASE PROCEED TO AND COMPLETE THE NEXT PAGE)

OTHER MEDICAL TREATMENT: In the event it comes to the attention of **BOWMAN FRANCIS MINISTRY**, its officers, directors, agents, volunteers, chaperones, and representatives associated with **BOWMAN FRANCIS MINISTRY**, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called. No medication of any type, whether prescription or nonprescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature _____ Date _____

I hereby give permission for adult chaperones for this event to administer non-prescription medication (such as aspirin, throat lozenges, cough syrup) for my child, as needed, if deemed advisable by the emergency medical personnel.

Signature _____ Date _____

SPECIFIC MEDICAL INFORMATION: **BOWMAN-FRANCIS MINISTRY** will take reasonable care to see that the following information be held in confidence.

Allergic reaction to: _____

Medication child currently takes: _____

Does your child have a medically prescribed diet? _____

You should also be aware of the special medical conditions of my child _____

[Please Note: If your child is currently taking psychotropic medications, such as drugs used for treating attention deficit disorder (add/adhd) depression, anxiety disorders, eating disorders, and seizure disorders, **BOWMAN FRANCIS MINISTRY** must be specifically notified of the same in form of a letter from the prescribing physician, together with an indication of the medication, dose schedule.]

{YOUR SIGNATURE MUST APPEAR BELOW OR YOUR CHILD WILL NOT BE ABLE TO ATTEND BOWMAN-FRANCIS MINISTRY ANNUAL NATIONAL BLACK CATHOLIC MEN'S CONFERENCE}

PARENT: I fully understand the consequences of the foregoing statements and sign this **PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER** knowingly, freely, and willingly. I also understand and agree as parent(s)/guardian I will be notified at the time of any infractions requiring my child's dismissal from the Annual National Black Catholic Men's Conference and that I will be held liable for any property damage or other caused by my child at my own expense as parent(s)/guardian.

Signature _____ Date _____

YOUTH: As a member of _____ parish/school, I understand and agree to abide by all rules and regulations for the **BOWMAN-FRANCIS MINISTRY**. I also understand and agree that my parent(s)/guardian will be notified at the time of any infractions requiring my dismissal from the Annual National Black Catholic Men's Conference and that I will be sent home at my own or my parents/guardian expense. Being found with any alcoholic beverages, drugs, or weapons will result in automatic dismissal from Annual National Black Catholic Men's Conference.

Signature

Date

BFM Representative Signature

Date



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NBCCC 19th Annual National Black Catholic Men's Conference

Indianapolis, Indiana

October 13, 2022, through October 16, 2022

To: Whom It May Concern/ Principal, Teachers, and Staff.

For: _____



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On behalf of Bowman-Francis Ministry, we ask for the student and/or students that are participating at this event to be excused from school on Friday, October 14, 2022, for the purpose of participating in the BFM 19th Annual National Black Catholic Men's Conference being held in Indianapolis, Indiana beginning Thursday evening October 13 - October 16, 2022.

The primary goal of the BFM 19th Annual National Black Catholic Men's Conference is to respond to the educational, psychological, and spiritual needs of African American Males. The Conference is a valuable spiritual experience for youth ministers, pastors, ministers, Christian educators, teachers, parents, and teen leaders striving for excellence in their ministry to African American Males.

Thank you for your time and consideration in this matter.

Fr. Charles F. Smith SVD
Bowman-Francis Ministry

MEDIA RELEASE FORM

I, _____, grant permission to Bowman Francis Ministry (BFM), to use my image (photographs and/or video) for use in Media publications including:

(Check All That Apply)

- Videos - Email Blasts - Recruiting Brochures - Newsletters - Magazines
- General Publications - Website/Social Media - Other: _____

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please initial the paragraph below which is applicable to your present situation:

_____ - I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

OR

I DO NOT WISH MY CHILD TO APPEAR IN ANY MEDIA RELEASES.

Signature: _____ Date: _____

Name (please print): _____

Address: _____

Signature of parent or legal guardian: _____
(If under 18 years of age)