Dioceses of New York and Charleston & the Mid-Atlantic
Parish Life Conference
Hosted By: St. Mary Church (Hunt Valley, MD)
Antiochian Village Heritage & Conference Center ~ June 26 – June 30, 2024

Off-Site Event Form – Fort Ligonier
Please Use One Form Per Attendee Per Off-Site Event

All Attendees at any Off-Site Events are REQUIRED to be Registered for the 2024 Parish Life Conference. pay any associated costs for the Event, if any; and, complete and sign this Off-Site Event Form. In the event that the Attendee is below the age of 18, this Form must also be signed by the Parent or Legal Guardians of the minor.

Event Date: Saturday June 29, 2024 1:00-4:30 PM_ Event Name: _Fort Ligonier (200 S. Market Street Ligonier, PA 15658) __

Registrant Name: _____ Birth Date: _____ Age: _____

The undersigned Attendee, desires, of my own free will, to attend this Event and clearly understands and agrees that the insurance that protects attendees at the Hotel during a Conference, does not extend to nor cover Attendees at any Off-Site Event. Accordingly, and regardless how I travel to this Off-Site Event, I hereby indemnify and hold harmless St. Mary Antiochian Orthodox Church Hunt Valley, Maryland and the Antiochian Orthodox Christian Archdiocese of North America, including but not limited to their respective clergy, officers, directors, employees, agents, members, affiliates, parishioners, guarantors and/or assignees thereof, from any and all liabilities, responsibilities, costs, expenses, incidents, injuries, and occurrences regardless of the causes or source of such occurrences and regardless of the off-site location of such occurrence(s).

By signing this Form, I agree to follow all of the instructions and directions of the persons that are in charge of this Event, ensuring proper order and safety for myself and all Attendees at this Event.

Attendee's Name (Print)	**Attendee's Signature (Regardless of Age)**	**Date**
Parent/Legal Guardian Name (Print)	**Parent/Legal Guardian Signature**	**Date**

Cell Phone of Responsible Party	**Email Address of Responsible Party**
Emergency Contact Name	**Emergency Contact Phone**