



Diocese of Toledo & Midwest Parish Life Conference
Hosted By All Saints Church (Chicago, IL)
& Holy Transfiguration Church (Warrenville, IL)
Chicago Marriott Oak Brook; June 26-29, 2024
Off-Site Event Form – Young Adult Social
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 Diocese of Toledo & Midwest 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: Friday June 28, 2024 10:00 PM - 12:00 AM Event Name: Game of Irons
(3041 Butterfield Rd #104 Oak Brook, IL 60523)

Registrant Name: _____ Birth Date: _____ Age: _____

The undersigned Attendee, desires, of my own free will, to attend Conference, 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 All Saints Antiochian Orthodox Church (Chicago, IL), Holy Transfiguration Antiochian Orthodox Church (Warrenville, IL), 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