

# TOTUS TUUS

**JUNE 5-10, 2022**

**Hosted at Our Lady of the Rosary  
Catholic Church**

**Grades 1-6 | Monday - Friday, 9:00am-2:00pm  
Grades 7-12 | Sunday - Thursday, 6:30pm-8:30pm**

***Totus Tuus is a weeklong summer experience focusing on the  
Catechism of the Catholic Church, Marian devotion, and  
Eucharistic Adoration for teens & children***



For Registration Packet:  
Email Kevin Hall | [pcl@olr.ptdiocese.org](mailto:pcl@olr.ptdiocese.org) or  
Call St. Dominic Parish Office | 850-785-4574

## ***What is Totus Tuus?***

Totus Tuus is a summer Catholic youth program dedicated to sharing the Gospel and promoting the Catholic Faith. Teams of four (two men and two women) travel to a different parish each week, hosting a five-day catechetical program for grades 1-12, similar to Vacation Bible School. The week is filled with faith, fun, and friendship. There are messy games and crazy skits. Our college-age leaders provide an authentic witness to the children & youth. These young men and women are hired for their energy, enthusiasm, love of the Faith, commitment to spiritual growth, ability to work with a team and a desire to work with youth. They have undergone extensive training and formation to serve in this role.

*Totus Tuus*, a Latin phrase meaning "Totally Yours," was the motto of Pope Saint John Paul II. Taken from St. Louis de Montfort's "True Devotion to Mary", it signifies our desire to give ourselves entirely to Jesus Christ through Mary. The mission of Totus Tuus is to inspire in young people a true longing for holiness, a deep desire for daily conversion and an openness to their vocation.

## ***How do I sign up?***

Please complete the attached packet and return with payment to St. Dominic or Our Lady of the Rosary by June 1. Your son/daughter's spot is not confirmed until we have received their paperwork and payment. For the daytime program (grades 1-6), the children will need to bring lunch with them daily.

## ***How can I help?***

We need help feeding the Totus Tuus missionaries during their week in Panama City. We also need extra adults to help during the daytime and evening sessions. You won't have to teach or lead anything - the missionaries do that - but we do need extra adults around to meet Safe Environment requirements as well as helping with administrative and support tasks. Please contact Our Lady of the Rosary (Kevin Hall) or St. Dominic (Theresa Prejean) if you're able to help in either capacity. Thank you!

**PARENT /GUARDIAN CONSENT AND EMERGENCY MEDICAL RELEASE EVENT FORM**

Name of the Event: Totus Tuus Catholic Summer Program  
Destination: Our Lady of the Rosary Catholic Church, 5622 Julie Drive, Panama City  
Parish Name Our Lady of the Rosary / St. Dominic  
Group Leader Name Kevin Hall / Theresa Prejean / Lori Colwell  
Date and Anticipated Time of Departure: Jun 6-10 (Grades 1-6) / June 5-9 (Grades 7-12)  
Return: 9:00am-2:00pm (Grades 1-6) / 6:30pm-8:30pm (Grades 7-12)  
Cost to Youth: \$15/ person  
Method of Transportation: Parents responsible for drop-off & pick-up daily

Name of Youth: \_\_\_\_\_ T-shirt size \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
Gender: Male  Female  (check one)  
Home Address: \_\_\_\_\_  
Parent / Guardian's Name: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
**MEDICAL INFORMATION**  
Please list all information pertaining to allergies, diet, special medications, health conditions or any other information necessary in an emergency situation.  
Explain fully: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Medications:** My child is taking the following medication(s):  
Description \_\_\_\_\_ Dosage \_\_\_\_\_  
Description \_\_\_\_\_ Dosage \_\_\_\_\_  
Medical / Hospital Insurance  
Carrier: \_\_\_\_\_  
Name of Policy Holder \_\_\_\_\_ Relation to participant \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

If you would like your youth to participate in this event, please sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by your youth.

I hereby consent to participation by my youth \_\_\_\_\_ in the event described above. I understand that this event will take place away from the parish grounds and that my youth will be under the supervision of the designated supervisor on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration for the opportunity for my child to participate, and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Diocese of Pensacola-Tallahassee and Our Lady of the Rosary / St. Dominic Parish, and their employees, agents, volunteers, and other persons acting on their behalf. Neither the Diocese of Pensacola-Tallahassee, Our Lady of the Rosary / St. Dominic Parish, nor said agents, employees, or volunteers, shall be held financially responsible for any injury, illness or death incurred as a direct or indirect result of this activity. We the undersigned have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I/we hereby authorize the Diocese of Pensacola-Tallahassee, and Our Lady of the Rosary / St. Dominic Parish, through its authorized representatives, to transport my child to a hospital or other doctor's office or medical facility for emergency medical attention. I/We additionally authorize such representatives of the Diocese and/or School to obtain and give consent to whatever medical treatment the representative deems necessary, including the administering of anesthetic and surgery, and do hereby release the Diocese and Our Lady of the Rosary / St. Dominic Parish, and their authorized representatives from any and all claims which may arise from the above-referenced obtaining and consenting to medical treatment. I/We wish to be advised, if possible, prior to the providing of any non-emergency medical treatment by any physician or hospital. If I/we are unable to be reached, please contact the following:

**Emergency contact and relation to participant** \_\_\_\_\_

**Address and Phone Number** \_\_\_\_\_

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

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

**This form must be with the head chaperone at all diocesan and parish events**

### Media Release Form

It is the promise and commitment of the Diocese of Pensacola-Tallahassee to use pictures and videos from Diocesan and/or parish youth events in a dignified and respectful manner.

I hereby authorize the Diocese of Pensacola-Tallahassee, including its parishes, schools, and institutions (hereinafter referred to as "Diocese of Pensacola-Tallahassee") to use, prepare, reproduce, record, video tape, publish, distribute, broadcast, electronically store, and exhibit my name, image, portrait, likeness, words, and/or voice in connection with interviews, sessions, or events conducted, sponsored, or arranged by the Diocese of Pensacola-Tallahassee and its employees, volunteers, and agents. I acknowledge that any notes, photographs, motion pictures, digital images, recordings, or other media format taken of me will become the property of the Diocese of Pensacola-Tallahassee, and I specifically waive any right to compensation for the foregoing. I understand that my likeness, name, image, or voice may be used by the Diocese of Pensacola-Tallahassee without limitation for any professional purpose, now or in the future, and I consent to the same. This permission extends to any authorized print or broadcast media organization that may participate in such preparation, use, reproduction, publication, or distribution.

I release the Diocese of Pensacola-Tallahassee and its employees, volunteers, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I also hereby waive any right I may have to inspect and approve in advance the photographs, videos, sound recordings, or publications or media in which I am included. I agree to release the Diocese of Pensacola-Tallahassee and its employees, volunteers, agents and designees from any liability by virtue of the use of the photographs or video recordings, regardless of any blurring, distortion, optical illusion, or alteration which may occur when the photographs or videos are taken, printed, or displayed.

A photocopy of this release shall be as valid and enforceable as the original.

Child Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parent/ Guardian (print name): \_\_\_\_\_

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**I DO NOT** authorize or release the Diocese of Pensacola-Tallahassee, to use, prepare, reproduce, record, video tape, publish, distribute, broadcast, electronically store, and exhibit my name, image, portrait, likeness, words, and/or voice in connection with interviews, sessions, or events conducted, sponsored, or arranged by the Diocese of Pensacola-Tallahassee and its employees, volunteers, and agents.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Parent/ Guardian (print name): \_\_\_\_\_

*\*The consent and signature of a parent or guardian is required for minors (under the age of 18).*



Assumption of Risk and Waiver of Liability Relating to COVID-19 (Family)

The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Our Lady of the Rosary / St. Dominic \_\_\_\_\_ (NAME OF PARISH/MINISTRY) has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you and/or your child(ren) (specifically named herein below) will not become infected with COVID-19. Furthermore, attending meetings, camps, retreats, events, activities, programs, functions, or gatherings of any kind sponsored by Our Lady of the Rosary/ St. Dominic \_\_\_\_\_ (NAME OF PARISH/ MINISTRY) could increase you and/or your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I, hereby acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and/or my child(ren) may be exposed to or infected with COVID-19 by attending meetings, camps, retreats, events, activities, programs, functions, or gatherings of any kind and that such exposure or infection may result in infection, illness, personal injury, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, inactions, omissions, or negligence of myself, my child(ren), and/or others, including, but not limited to, clergy, teachers, employees, staff, coaches, volunteers, and other participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any infection, illness, sickness, damage, loss, expense, and/or liability of any kind (including, but not limited to, personal injury, disability, and death) (hereinafter "Claims"), that I and/or my child(ren) may experience or incur in connection with my attendance and/or my child(ren)'s attendance at meetings, events, activities, programs, functions, or gatherings of any kind sponsored by Our Lady of the Rosary/ St. Domin \_\_\_\_\_ (NAME OF PARISH/MINISTRY).

On my behalf, and/or on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Our Lady of the Rosary / St. Dominic \_\_\_\_\_ (NAME OF PARISH/MINISTRY), William A. Wack, as Bishop of the Diocese of Pensacola-Tallahassee, the Diocese of Pensacola-Tallahassee, and all of their current, former, and future representatives, agents, clergy, teachers, employees, staff, coaches, and volunteers (collectively, "the Diocese") of and from all Claims, including all liabilities, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this assumption of risk, waiver, and release includes any Claims based on the actions, inactions, omissions, or negligence of the Diocese, whether a COVID-19 infection occurs before, during, or after participation in any meetings, events, activities, programs, functions, or gatherings of any kind sponsored by Our Lady of the Rosary / St. Dominic \_\_\_\_\_ (NAME OF PARISH/MINISTRY).

This Assumption of Risk and Waiver of Liability Relating to COVID-19 is applicable to me and/or my child(ren) stated as follows: \_\_\_\_\_

\_\_\_\_\_  
(FULL NAME AND DATE OF BIRTH)

_____ Signature of Parent/Guardian	_____ (Date)	_____ (Witness)	_____ (Date)
_____ Print Name		_____ (Witness)	_____ (Date)