ADULT LIABILITY WAIVER

Each adult participant, including group leaders and chaperones, must sign this form.

RELEASE OF LIABILITY:

I, _____, agree on behalf of myself, my heirs, assigns,
Full Name
executors, and personal representatives, to hold harmless and defend
_____, and _____, its officers,
Parish/School (Arch) Diocese
directors, agents, employees, or representatives from any and all liability claims, loss or damage arising from or in connection with my participation in the trip, unless such claim arises from the negligence of the parish/school or the Arch/Diocese of _____.

MEDICAL RELEASE:

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that I have the following allergies: _____

_____

In case of emergency and/or for permission to treat beyond emergency procedures, please contact:

Name: _____

Relationship to me: _____

Daytime phone: _____ Evening phone: _____

Health Insurance Carrier: _____

Insurance ID Number: _____ Insurance Policy Number: _____

_____ _____
Signature Date

_____
Print name

CODE OF CONDUCT

The following are a few rules all participants are expected to follow while participating and representing

_____
(Name of Parish/School)

In this event sponsored by _____
(Name of Parish/School)

on _____
(Date of Event)

Please read and sign.

I, _____, will:
(Printed Name of Youth Participant)

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-in and departure times.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance.

I agree that if any of these terms are violated, the Parish/School can send the participant home at the participant/guardian's expense.

_____ _____
(Youth Participant Signature) (Date)

_____ _____
(Parent/Guardian Signature) (Date)

Please return to: _____

No later than: _____

The Parish/School sponsoring this activity is responsible for receiving an Authorized form for each participant under the age of 18.

03/31/2011

Roman Catholic Diocese of Lexington
3/5/13

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

FIELD TRIP

Participant's name: _____
Birth date: _____ Sex: _____
Parent/Guardian's name: _____
Parent's email address: _____
Home address: _____
Home phone: _____ Business phone: _____
Parent's cell phone: _____

I, _____ grant permission for my child, _____
Parent or guardian's name **Child's name**
to participate in this parish event that requires transportation to a location away from the parish site. These activities will take place under the guidance and direction of parish employees and/or volunteers from The Diocese of Lexington, Kentucky.

A brief description of the activity follows:
Type of event: _____
Date of event: _____
Destination of event: _____
Individual in charge: _____
Estimated time of departure and return: _____
Mode of transportation to and from event: _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Lexington, Kentucky, its officers, directors, employees and agents, and the Diocese of Lexington, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Roman Catholic Diocese of Lexington, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school/diocese.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant 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 that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact: The Roman Catholic Diocese of Lexington

Name & relationship: _____
Phone: _____ Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____
Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Lexington, chaperons, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

_____

_____

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.):

_____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet?

_____

Any physical limitations?

_____

_____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

_____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.?
If so, list date and disease or condition: _____

_____

You should be aware of these special medical conditions of my child:

_____

_____

Photograph and Video Consent:
From time to time, pictures and video may be taken of youth ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications and the ministry website. Written consent of both the student and parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the ministry coordinator or webmaster, and they will promptly be removed.

I/We, the parents(s)/guardian(s) of this youth (name) _____, authorize and give full consent, without limitation or reservation, to (parish/school) _____, to publish any photograph or video in which the above named student appears while participating in any program associated with (parish/school) _____ ministry. There will be no compensation for use of any photograph or video at the time of publication or in the future.

Student Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____