

ADULT PERMISSION AND LIABILITY WAIVER (front)

Participant's Name: _____ Birth Date: _____ Sex: M ___ F ___
Home Address: _____ City: _____ Zip: _____
Home Phone: _____ Business Phone: _____ Cell Phone: _____

I, _____, agree to participate in this parish event, that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from _____ (Name of your Parish/School).

A brief description of the activity follows: *(filled in by DRE/CRE/CYM)*

Date(s) of Event: January 27, 28, 29, 2017 Type of Event: YOUTH 2000 Retreat

Emergency Telephone Number: _____ Destination: St. Stephen's Catholic Church, Midland, TX

Individual(s) in Charge from parish: _____

Estimated Time of Departure and Return: _____

Mode of Transportation to and from Event: _____

I am legally responsible for any personal actions. I agree on behalf of myself, my heirs, successors, and assign to hold harmless and defend _____ (Parish/School Name), St. Stephen's Catholic Church, YOUTH 2000, Inc., and its officers, directors, agents, and the Diocese of San Angelo from any liability for illness, injury or death arising from or in connection with attending the above named event, and I agree to compensate the parish, St. Stephen's Catholic Church, YOUTH 2000, Inc. and its officers, directors and agents, and the Diocese of San Angelo, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith. If I need to be sent home for medical or disciplinary reasons, I will be responsible for expenses.

ADULT MEDICAL CONSENT AND PERMISSION TO TREAT

To the best of my knowledge, I, _____, am in good health, and I assume all responsibility for my health. In the event of an emergency, I give permission to transport me to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, contact:

Name: _____ Relationship: _____
Home Phone: _____ Business Phone: _____ Cell Phone: _____

Please include a photocopy of your Insurance Card, front and back.

Insurance Carrier: _____ Policy Number: _____

Family Doctor: _____ Phone: _____

I am taking medication and will bring all medications with me and it will be clearly labeled. I am taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows:

Please explain allergies, physical limitations: _____

Signature: _____ **Date:** _____

YOUTH 2000 Retreat - sponsored by St. Stephen's Catholic Church

Registration Fee: \$50.00 per person (includes lunch, dinner Saturday; does NOT include housing)

Send \$50 Registration Fee (checks payable to St. Stephen's) and completed/signed Permission and Liability Waiver above by January 17, 2017 to:

**St. Stephen's Catholic Church
4601 Neely Avenue
Midland, TX 79707**

ADULT PERMISSION AND LIABILITY WAIVER (back)

SAFE ENVIRONMENT/CHILD PROTECTION Every chaperone, youth minister, parent and every adult volunteer **MUST** submit the following documentation **PRIOR TO** the Retreat. Those arriving at the YOUTH 2000 Retreat who have not submitted the following documentation will **NOT** be admitted to the Retreat. **NO EXCEPTIONS.**

1. Complete and sign your own Adult Liability Waiver Form (both sides). *Submit ONE form per participant.*

2. Be fully compliant with the USCCB's *Charter for the Protection of Children and Young People* by being in current, full compliance with your own Diocesan policies and requirements for providing a safe and secure environment for minors, including the completion of any diocesan required training and a current criminal background check. **You CANNOT be admitted unless compliance has been verified IN ADVANCE.**

3. *Attach a LETTER to this form from your parish or diocese stating that you are in CURRENT compliance with the Zero Tolerance Policy of the USCCB, as implemented by your Diocese, and that you have completed the required Diocesan training, including the date of the training, and have a current background check through your parish/Diocese, including the date the background check was conducted.*

CHAPERONE ASSIGNMENT

Chaperones must be adults age 25 or older.

There must be at least one adult chaperone for every one to seven young people in the group.

I understand that minors can leave during Retreat hours **ONLY WITH** written permission of parent/guardian: Y ___ N ___
Chaperone must accompany minor to Sign Out Table.

_____ Number of youth in your group, age 17 and younger, attending the Retreat

_____ Number of Chaperones attending the Retreat with your group

Minors must be accompanied by Chaperone at all times. Names of minors chaperoned by person named on this form:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | |

For Registration Committee Use Only:

SAFE ENVIRONMENT Compliance Verified: Yes ___ No ___ Date: _____