

**Diocese of Superior
Adult Liability Waiver and Emergency Contacts**

This form must be fully completed and returned to the appropriate parish/school/diocesan.

Full Legal Name: _____

Address: _____

Date of Birth: _____ Gender: Female Male

Phone – Home: _____ Cell: _____ Work: _____

Email address: _____

Date of Diocesan Background Check: _____ Verified by: _____

Date of Diocesan BASE Training: _____ Verified by: _____

This document is being completed for the following event: **April 29-30, 2019 (4 pm Mon. – 8 pm Tues)**

Description: ***Catholics at the Capitol***

Cost: **\$25**

Sponsored by: **Chris Hurtubise, DOS Catholic Formation Office**

My signature below indicates my agreement to the following:

- In accordance with the United States Conference of Catholic Bishops' *Charter for the Protection of Children and Young People* AND the Diocese of Superior Safe Environment requirements, I have completed all of the appropriate documentation required to accompany minors on this event specified above.
- I agree to act in accordance with the Diocesan Code of Conduct for Working with Minors, Diocesan Morals & Ethics Policy, Diocesan Chaperone Guidelines, and the directives established for this specific event.
- I fully understand my responsibilities for this event as described to me by parish/school/diocesan staff and/or those planning this activity.
- I further agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend (parish name & city) _____, the Diocese of Superior, its officers, directors, agents, employees, or representatives associated with the event specified above from any and all liability claims, loss or damage arising from or in connection with my participation in this activity.
- I agree to inform event organizers of any special concerns or needs I may have.

Signature: _____ Date: _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____

Phone – Home: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____

Phone – Home: _____ Cell: _____ Work: _____

Primary physician: _____ Phone: _____

Health system & location: _____

Health insurance carrier: _____ Policy number: _____

ATTACH COPY OF INSURANCE CARD

Code of Conduct

Section A. Participant Authorization (Required of All Ages)

- I understand and agree to cooperate with all regulations regarding behavior, health, special qualifications and age.
- I authorize an adult, in whose care I have been entrusted, to consent to X-ray examination, anesthetic, medical, surgical or dental diagnosis and treatment or hospital care, to be rendered to me under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act. If I am not a minor, I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to me pursuant to this authorization.
- I understand the general guidelines of behavior: I must respect and obey instructions of the adult(s) in charge and that no smoking, alcohol, illegal drugs, possession of weapons, or sexual misconduct is tolerated.
- I agree to treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- I agree to respect the property of others, including all program facilities and property.
- I understand that I need to be on time for all check-ins and departure times.
- I will adhere to diocesan guidelines on modesty of dress and conduct.

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

Signature of Participant

Printed Name of Participant

Date