

**FORM XXIII F - YOUTH MINISTRY  
CONSENT TO MEDICAL TREATMENT, RELEASE AND INDEMNITY**

Parish: Diocese of Camden's Office of Youth, Young Adult and Campus Ministries (the "Parish")

Youth/Young Adult Organization: Walk with Me/Diocesan Catechetical Convocation (the "Parish Organization")

Dates of the event or trip (include dates of departure and return): Saturday, September 29, 2018

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone (day): \_\_\_\_\_  
Address: \_\_\_\_\_ (evening): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone (day): \_\_\_\_\_  
Address: \_\_\_\_\_ (evening): \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

MEDICATION: Participant will use the following medication:

Name of Medication: \_\_\_\_\_  
Nature of Medication: \_\_\_\_\_  
Prescribing Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\* For participants under 18 or in high school, all medication must be presented to the designated chaperone, before departure, in its original container, labeled with the participant's name and dosage information. If participant MUST have medication with him or her at all times, indicate the specific reason:** \_\_\_\_\_  
\_\_\_\_\_

MEDICAL CONDITIONS: Identify any medical condition(s) the Participant has:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES:

To medicines: \_\_\_\_\_  
Other: \_\_\_\_\_

INSURANCE:

Insurance Carrier: \_\_\_\_\_ Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

**\*\* If you need additional space to complete any part of this form, please attach additional pages.**

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**PARENTAL CONSENT TO MEDICAL TREATMENT, RELEASE AND INDEMNITY**  
**(For participants under 18 or in high school)**

By reason of our son/daughter being on a group trip, we as parents/guardians of the participant named above hereby consent and give our permission for our child to be diagnosed, treated, and/or medicated in accordance with standard medical practice, by licensed medical personnel. We agree to accept any and all financial responsibility as a result of such treatment and the scheduling of such treatment.

We waive, release, and discharge any and all claims against the Parish, the Parish Organization, the Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, for damages and/or injuries to us or to our child which may arise from such medical treatment.

In consideration of permission granted for our child to participate in this Activity, we agree to indemnify, hold harmless, protect and defend the Parish, the Parish Organization, the Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, from and against any and all claims, losses, liabilities, damages, suits, fines, penalties, costs and expenses, including attorneys' fees, brought or incurred by or on behalf of our child or by or on behalf of any other person arising out of or in any way connected with such medical treatment.

**WE HAVE READ THIS AGREEMENT CAREFULLY AND UNDERSTAND THAT IT AUTHORIZES MEDICAL TREATMENT FOR PARTICIPANT, RELEASES CLAIMS AGAINST THE PARTIES NAMED FOR INJURY TO PARTICIPANT OR DAMAGE TO PARTICIPANT'S PROPERTY CONNECTED WITH SUCH TREATMENT, AND THAT IT OBLIGATES US TO INDEMNIFY THE NAMED PARTIES FOR LIABILITY TO OTHERS ARISING OUT OF SUCH TREATMENT.**

Parent/Guardian

Signatures: \_\_\_\_\_  
Print Names: \_\_\_\_\_  
Date: \_\_\_\_\_

**PARTICIPANT'S CONSENT TO MEDICAL TREATMENT, RELEASE AND INDEMNITY**  
**(For ALL participants 18 and over -- whether or not in high school)**

By reason of my being on a group trip, I hereby consent and give permission to be diagnosed, treated, and/or medicated in accordance with standard medical practice, by licensed medical personnel. I agree to accept any and all financial responsibility as a result of such treatment and the scheduling of such treatment.

I waive, release and discharge any and all claims against the Parish, the Parish Organization, the Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, for damages and/or injuries to me which may arise from such medical treatment.

In consideration of permission granted for me to participate in this Activity, I agree to indemnify, hold harmless, protect and defend the Parish, the Parish Organization, the Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, from and against any and all claims, losses, liabilities, damages, suits, fines, penalties, costs and expenses, including attorneys' fees, brought or incurred by or on behalf of any other person arising out of or in any way connected with such medical treatment.

**I HAVE READ THIS AGREEMENT CAREFULLY AND UNDERSTAND THAT IT AUTHORIZES MEDICAL TREATMENT FOR ME, RELEASES CLAIMS AGAINST THE PARTIES NAMED FOR INJURY TO ME OR DAMAGE TO MY PROPERTY CONNECTED WITH SUCH TREATMENT, AND THAT IT OBLIGATES ME TO INDEMNIFY THE NAMED PARTIES FOR LIABILITY TO OTHERS ARISING OUT OF SUCH TREATMENT.**

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**YOUTH MINISTRY**  
**FORM XXIII D: PARTICIPANT RULES**

First and foremost, you are Christian ladies and gentlemen and you are disciples of Jesus Christ.  
Like a retreat, this event is a time to express and deepen your faith.

**General Rules:** No participant may:

- \* engage in illegal activity of any kind
- \* commit violent or destructive acts
- \* endanger himself/herself or others
- \* possess or use drugs, alcohol or tobacco products
- \* engage in sexual activity
- \* engage in behavior which is contrary to Catholic teaching
- \* disrupt the trip or any activities which are part of the trip
- \* disrespect other individuals or their property
- \* fail to follow the instructions of a chaperone
- \* leave the group without a chaperone

**Bus Rules:**

- \* You must remain seated while the bus in motion, unless given permission otherwise.
- \* Do not engage in any behavior which could distract the driver.
- \* Follow the instructions of the driver.
- \* Follow the instructions of the chaperones.
- \* Use of the video system is at the discretion of the Bus Captain.

**Hotel Rules:**

- \* Enter no room but your own at any time.
- \* Respect other guests of the hotel – keep noise to a minimum.
- \* Respect all curfew times. Curfew means that you are to be in your own room, not in other rooms, not in the hallways and not anywhere else in the hotel.

**Consequences for Failure to Abide by the Rules**

- \* Serious violations: Immediate dismissal and return home at your/your parents' expense.
- \* Other offenses:
  - o First offense: Warning
  - o Second offense: Warning
  - o Third offense: Participant and Group Leader call participant's parent.
  - o Fourth offense: Immediate dismissal and return home at your/your parents' expense.
- \* Young adults (over 18) are expected to follow all the same rules as minors, giving a good example to the younger participants.

**I have read and I understand the rules for this event and will follow these rules and cooperate with the chaperones. I understand that failure to comply may result in immediate dismissal and transportation home at my/my parents' expense.**

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parents'/Guardians'  
Signatures:

\_\_\_\_\_

\_\_\_\_\_

Print Parents/Guardians  
Names:

\_\_\_\_\_

\_\_\_\_\_

Date:

\_\_\_\_\_

\_\_\_\_\_

**FORM XXIIIIC - YOUTH MINISTRY  
PARTICIPATION, RELEASE AND INDEMNIFICATION AGREEMENT**

This is an invitation to participate in an activity sponsored by:

Parish: Diocese of Camden's Office of Youth, Young Adult & Campus Ministries & \_\_\_\_\_ (the "Parish")

Youth/Young Adult Organization: Walk with Me/Diocesan Catechetical Convocation (the "Parish Organization")

**THE ACTIVITY**

Location/Destination: Paul VI High School, 901 Hopkins Rd B, Haddonfield, NJ 08033

Activities may include: keynote sessions, prayer, workshops, service project and lunch

Beginning date/time: 9/29/18 at 9:00 am Ending date/time: 9/29/18 at 4:00 pm

Transportation Method: \_\_\_\_\_ Type of Accommodations: \_\_\_\_\_ N/A  
(if travel is involved) (if overnight stay is involved)

Cost per person: \$65 per person/ \$50 for groups of 5 or more

The cost includes: convocation speakers, materials, lunch and service project

**PARTICIPANT INFORMATION**

Participant's Name: \_\_\_\_\_ M/F: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Guardian

Names: \_\_\_\_\_

Addresses: \_\_\_\_\_

Phones: \_\_\_\_\_

E-mails: \_\_\_\_\_

**PARTICIPATION AGREEMENT (ALL participants must sign)**

I certify that I have reviewed the Participant Rules (Form D), that I understand the rules, and that I agree to follow the rules. I understand that failure to follow the rules may result in immediate dismissal from the Activity. I understand and agree that, if I am dismissed from the Activity, I will be sent home immediately, at my expense.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN PERMISSION, RELEASE AND INDEMNIFICATION\*\***

**(For participants under 18 or over 18 but still in high school)**

We, as parents/guardians of the participant named above certify that we have reviewed the Participation Agreement above and the Participant Rules (Form D) and agree that our child will comply with the rules. We specifically understand that, if our child is dismissed from the Activity, we must arrange for our child's immediate transportation home. If we do not do so, the Parish Organization will arrange for our child to be sent home and we will be responsible for all costs of transportation home.

We give consent and permission for our child to participate in the Activity described above. We are aware that this activity involves participation in the activities listed above and understand the risks involved in those activities. We have had an opportunity to ask questions about the activities and the risks. We certify that our child does not have any medical conditions, physical limitations, or other limitations which would affect our child's ability to participate in these activities.

We understand and agree that photographs and videos may be taken of our child participating in the Activity and that these photographs and videos may be displayed by, or included in publications of, the Parish or the Diocese of Camden, including but not limited to, press releases, bulletins, newspapers, newsletters, brochures, bulletin boards, websites and other publications.

**\*\* For participants who are 18 and older and still in high school, ALL sections – participant and parent/guardian – must be completed and signed.**

In consideration of permission granted by the Parish for our child to participate in this Activity, we waive, release, and discharge any and all claims against the Parish, the Parish Organization, The Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, for damages and/or injuries to us or our child arising out of or in any way connected with our child's participation in the Activity.

We agree to indemnify, hold harmless, protect and defend the Parish, the Parish Organization, The Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, from and against any and all claims, losses, liabilities, damages, suits, fines, penalties, costs and expenses, including reasonable attorneys' fees, brought or incurred by or on behalf of our child or by or on behalf of any other person arising out of or in any way connected with our child's participation in the Activity.

**WE HAVE READ THIS AGREEMENT CAREFULLY AND UNDERSTAND THAT IT RELEASES CLAIMS AGAINST THE PARTIES NAMED FOR INJURY TO PARTICIPANT OR DAMAGE TO PARTICIPANT'S PROPERTY AND THAT IT OBLIGATES US TO INDEMNIFY THE PARTIES NAMED FOR LIABILITY ARISING OUT OF PARTICIPANT'S INVOLVEMENT IN THE ACTIVITY.**

Parent/Guardian

Signatures: \_\_\_\_\_

Print Names: \_\_\_\_\_

Date: \_\_\_\_\_

**RELEASE AND INDEMNIFICATION**  
**(For ALL participants 18 and over)\*\***

I request permission to participate in the activity described above. I am aware that this Activity involves participation in the activities listed above, and I understand the risks involved in those activities. I have had an opportunity to ask questions about the activities and the risks. I certify that I do not have any medical conditions, physical limitations, or other limitations which would affect my ability to participate in these activities.

I understand and agree that photographs and videos may be taken of me participating in the Activity and that these photographs and videos may be displayed by, or included in publications of, the Parish or the Diocese of Camden, including but not limited to, press releases, bulletins, newspapers, newsletters, brochures, bulletin boards, websites and other publications.

In consideration of permission granted by the Parish for me to participate in this Activity, I waive, release, and discharge any and all claims against the Parish, the Parish Organization, The Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, for damages and/or injuries to me arising out of or in any way connected with my participation in the Activity.

I agree to indemnify, hold harmless, protect and defend the Parish, the Parish Organization, The Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, from and against any and all claims, losses, liabilities, damages, suits, fines, penalties, costs and expenses, including reasonable attorneys' fees, brought or incurred by or on behalf of any person arising out of or in any way connected with my participation in the Activity.

**I HAVE READ THIS AGREEMENT CAREFULLY AND UNDERSTAND THAT IT RELEASES CLAIMS AGAINST THE PARTIES NAMED FOR INJURY TO ME OR DAMAGE TO MY PROPERTY AND THAT IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR LIABILITY ARISING OUT OF MY INVOLVEMENT IN THE ACTIVITY.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Printed Name: \_\_\_\_\_

**\*\* For participants who are 18 and older and still in high school, ALL sections – participant and parent/guardian – must be completed and signed.**