

FORM C ADULT YOUTH MINISTRY LEADER/CHAPERONE MEDICAL RELEASE AND LIABILITY FORM

I, _____ do hereby release, indemnify, hold harmless and discharge the Catholic Diocese of Jackson, the parish, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my participation in any event. I waive any such claims against such organization or any such person, arising directly or indirectly from or attributable, in any legal way, to any action or omission to act of any such organization or person in connection with execution of any event. I authorize treatment by a licensed medical physician or licensed medical professional or team in case of any accident or illness that may so arise, or any hospitalization necessary. I further understand and recognize that my participation in this trip is voluntary. In consideration of this and other things, I release, indemnify and hold harmless the chaperones or their agents from any liability for my physical injury, including death or illness. I consent to release, indemnify and agree to hold the chaperones harmless from all claims arising out of or accruing during the trip. I agree and consent that my release, indemnity and hold harmless shall be binding upon my estate, heirs, personal representatives and assigns. I understand that the Roman Catholic Church, the Roman Catholic Diocese of Jackson or any Roman Catholic Church/Parish shall not be liable, in any way, for any injury, including death or illness, that may occur during the trip. I agree to abide by the values and morals of the Roman Catholic Church as I supervise the minors in my care.

I have undergone the Child Protection and Safety training and personal background check as mandated by the Catholic Diocese of Jackson both of which are current and up to date.

Print Name _____

Street Address _____ City _____ State _____ Zip Code _____

Parish and Town _____ Home Telephone _____ Mobile Telephone _____

Physician's Name _____ Physician's Telephone Number _____

The following information is pertinent and necessary if you are rendered unconscious.

Date of Birth {including year} _____ Age _____ Date of Last Tetanus Vaccine _____

Please list ALL medications, prescription and/or nonprescription you are taking.

_____ No, I do not carry medical insurance.
_____ Yes, I carry medical insurance.

Insurance Carrier: _____ Name of Policy Holder: _____

Policy Number: _____ Name of Emergency Contact: _____

Emergency Contact Telephone: _____

Please include of a copy of your medical insurance card {front and back}.

Payment in full for medical care is the responsibility of the patient.

In signing this Medical Release and Liability Form I agree to abide by the Code of Conduct and any and all event specific rules. Should I not be able to maintain the guidelines and expectations of the adult chaperones, I understand there will be consequences for my actions, which could include being asked to leave the event. **In signing Form C, ADULT YOUTH MINISTRY/CHAPERONE MEDICAL RELEASE AND LIABILITY FORM, I certify that all information contained herein is true and accurate to the best of my knowledge. This form remains in effect for six years.**

Signature of Adult Youth Ministry Leader/Chaperone

Printed Name of Adult Youth Ministry Leader/Chaperone

Date