

Catholic Youth Spectacular Adult Field Trip /Liability Waiver

Name _____ Parish _____ Position _____

Home Address _____

City/State/Zip _____ T-shirt size _____

Phone (home or cell) _____ (legible e-mail) _____

Emergency Contact _____ Phone _____

Allergies/special medical conditions _____

Medical Carrier/Policy # _____

I choose to attend the Catholic Youth Spectacular and if needed, to be evaluated, diagnosed, transported, treated, and/or medicated in accordance with standard medical practice by licensed personnel. I relieve the Archdiocese of Hartford and _____ (parish) of all responsibility and consequences that may arise as a result of medical treatment and/or other participation in this event. I will not hold any of the parties previously listed or representatives associated with the event responsible in the event of injury and I agree to accept any and all financial responsibility as a result of scheduling such treatment. I warrant that to the best of my knowledge, I am in good health and I assume all responsibility for my health. Should the need arise; please call the emergency contact names above.

Sexual misconduct by personnel, paid or volunteer, of the **ARCHDIOCESE OF HARTFORD** while performing the work of the **ARCHDIOCESE OF HARTFORD** is contrary to Catholic principles and is outside the scope of the duties and employment of all personnel. All personnel who are involved in this field trip must answer the following questions:

- Has a civil or criminal complaint ever been filed against you alleging drug, alcohol, physical or sexual abuse or misconduct? YES _____ NO _____
- Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of drug, alcohol, physical, or sexual abuse or misconduct? YES _____ NO _____
- Have you ever received any medical treatment, physical or psychological, for reasons involving drug, alcohol, physical, or sexual abuse or misconduct? YES _____ NO _____

If you answered yes to any question above attach a separate sheet of paper giving a short explanation.

____ I am in compliance with the policies and guidelines of this diocese regarding the USCCB Charter for the Protection of Children and Young People (i.e. you have submitted the paperwork for a background check and you have attended a Protecting God's Children/Virtus training session).

____ I am a one-time parent chaperone for this event.

The information provided in this form is correct to the best of my knowledge. I understand that in signing this document, I authorize verification of this information through communication with any person or organization named herein. I release from liability any person or organization which provides such information as well as the **ARCHDIOCESE OF HARTFORD** and my parish named above. I also agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend my parish named above, and **THE ARCHDIOCESE OF HARTFORD**, its officers, directors, agents, employees, or representatives associated with the event from any and all liability claims, loss, or damage arising from or in connection with my participation. I also understand that I may be photographed at this event for future publicity.

I have read, understood, and agree to abide by the Catholic Youth Spectacular Group expectation/ Code of Behavior.

Signature _____

Date _____