

ADULT MEDICAL RELEASE FORM

Date: _____

Print Name: _____

Parish: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: (____) _____ Work Phone Number: (____) _____

Physician's Name: _____ Phone # (____) _____

Date of Birth: _____ Date of last tetanus shot: _____

Please list **all** medical conditions/allergies/special health information: _____

Please list **any** medications (prescriptions or non-prescription) that you would like us to be aware of: _____

Medical Insurance Company: _____ Policy Number: _____

Policy in the name of: _____ Relationship: _____

Emergency Contact Name and Number: _____

In the event that the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

I, _____, do hereby release, hold harmless and discharge the Diocese of Little Rock, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my participation in this event. I waive 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 this event. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

Signature: _____

Adult Chaperone Guideline and Agreement Form

Welcome! As a chaperone, you play an important part in ensuring the positive experience of this event. We offer the following list of guidelines to help you fulfill your role as a chaperone.

We require that:

- **all chaperones be compliant and trained in the Safe Environment/VIRTUS Training and Up to date on all VIRTUS training bulletins**
- **all chaperones enforce the code of behavior and set an example for youth.**
- **all chaperones are responsible that each youth assigned to you attend all scheduled functions of this event. (Youth may not leave a session or return to their hotel room without an adult).**
- **while** at general sessions, seating is by parish. Chaperones must spread out among their teens to be present and available to your group. It is expected that chaperones will not leave the conference area and expect other adults to be responsible for youth in your charge
- **chaperones** do not go anywhere during this event where teens are not allowed (i.e., bars, lounges, etc.)nor, should chaperones consume any alcoholic beverages or illegal drugs during the weekend.
- **any** alcohol, drugs, firearms or explosives found with/on a person at a Diocesan Youth Event will result in immediate dismissal by the diocesan director of youth ministries. All adults are expected to inform the diocesan director if any of these items are found.

REMEMBER: While at the convention, you are **TOTALLY** responsible for both the behavior and the needs of the youth entrusted to your care. Please pay close attention to both. Wherever we are, we represent the Catholic Church of Arkansas.

All chaperones are expected to follow these rules. In the interest of safety and security, do not leave your group without a chaperone. Should an emergency arise, check in with the diocesan youth director or your local parish's lead chaperone/youth minister. With these things in mind, we believe all, adults and youth alike, will indeed have a joyful celebration of youth.

I understand and accept these chaperone guidelines.

(Chaperone's Signature)

(Parish/City)

(This form should be sent to the diocesan office with registration materials along with a copy of your VIRTUS Training bulletin report showing that you are current on your VIRTUS training bulletins.)

Guidelines for the Adults in Charge of a Parish Group

The following will help you in planning for a successful experience

We require that:

- All adults must comply with the Safe Environment Requirements of the Diocese of Little Rock by completing the VIRTUS Training and keeping up with the VIRTUS training bulletins. A copy of your VIRTUS training bulletin report must be submitted to the Diocese of Little Rock Youth Program Coordinator along with your signed chaperone agreement
- All adult advisors/chaperones are at least **25 years of age**. This adult should be known by the youth of your parish.
- Each parish group has at least one chaperone for every **eight** teens.
- If you have both male and female participants, have both male and female chaperones.
- You enforce the code of behavior and set an example for youth. Code of Behavior and Medical Consent and Liability Waiver Forms **MUST** be in the possession of the youth minister in charge of the parish group.
- All adults are to sign a Chaperone Guideline Form. These are to be sent in to the diocesan office with registration materials along with a copy of the chaperone's VIRTUS Training bulletin report showing that they are current and up to date on all bulletins/training.

Any alcohol, drugs, firearms or explosives found with/on a person at a Diocesan Youth Event will result in immediate dismissal by the diocesan director of youth ministry. All adults are expected to inform the diocesan director if any of these items are found.


SOME HELPFUL HINTS FOR CHOOSING CHAPERONES:

- 1) Meet with the group adult chaperones, and then together with chaperones and youth to go over diocesan and parish expectations. Explain the purpose of this event. Establish contingency plans for accidents, sickness or misconduct.
- 2) Choose chaperones that have a good rapport with your youth, yet can control the group on outings and at general sessions. Choose chaperones that have been active with your youth group. **Chaperones and youth should know each other.**
- 3) If you have both male and female participants, have both male and female adult chaperones.
- 4) Bring snacks with you.
- 5) Review the diocesan rules and your own expectations as you travel to this event.

Training Report for Tricia Gentry as of 05/24/2012

Approval Date: 10/20/2003

LIVE TRAINING



Title	Date	Training Location	Status
Protecting God's Children for Adults	10/17/2003 8:00 AM	St. John Center (Little Rock)	Approved 

TRAINING BULLETINS

Type	Featured	Read	Missed
Protecting God's Children for Adults (click here for details)	117	117	0

[Show all bulletin types](#)

ONLINE TRAINING MODULES

Module	Assigned	Started	Completed
Virtus® Protecting God's Children® Re-certification Training for Adults	10/25/04	11/23/04	11/23/04 
Virtus® Protecting God's Children® Re-certification Training for Adults—2nd Edition	10/24/05	11/16/06	11/16/06 

Every adult chaperone must submit a copy of their VIRTUS Training Report showing that they are current with their training bulletins and in compliance. If this form is not submitted along with the other registration documents the chaperone will be unable to attend the event and you will be forced to find a chaperone that is VIRTUS compliant.

NFCYM/NCYC

GENERAL RELEASE, COVENANT NOT TO SUE, LIABILITY WAIVER, AND PERMISSION AGREEMENT

ADULT PARTICIPANT

(Arch)Diocese of Little Rock
Parish/School _____

Instructions: A separate copy of this Legal Agreement must be completed for each adult traveling to the Conference. Each adult must submit a signed, *notarized* copy of this Agreement, or the adult will not be permitted to attend National Catholic Youth Conference (the "Conference") sponsored by The National Federation for Catholic Youth Ministry, Inc. ("NFCYM"). Because it contains emergency contact information, it is advisable to keep a copy of this signed Agreement in your name badge at all times during the Conference. **By signing this Agreement, you freely and voluntarily agree that you may be giving up legal rights and remedies available to yourself and your family. Read and complete this Agreement carefully. If you have questions, contact an attorney. No changes can or will be made to this document.**

Name: _____

Complete Home Address: _____

Home Telephone: _____ Date of Birth: _____

A) Emergency Contact Name and Telephone Numbers:

Name: _____ Relationship: _____

Cell Ph: _____ Work Ph: _____ Home Ph: _____

B) If "A" Unavailable, Alternate Emergency Contact Name and Telephone Numbers:

Name: _____ Relationship: _____

Cell Ph: _____ Work Ph: _____ Home Ph: _____

Nature of the Conference Event: I understand that the nature of this private Conference event sponsored by NFCYM and its member Roman Catholic Dioceses is: it will be held at the Indiana Convention Center and Lucas Oil Stadium ("Facilities"), in Indianapolis, Indiana, from November 19 to 21, 2015, some 25,000 youth and adults will attend over three days, and as a condition of using the Facilities, the Facilities require the Conference to retain security and medical personnel whose actions are beyond NFCYM's control. The Conference will be in session from noon-10:30 PM on day one, 7:30 AM-10:30 PM on day two, and 7:30 AM-11:30 PM on day three, excluding breaks for meals and/or recreational activities.

Nature of Risks: I understand that voluntarily traveling to and attending a Conference of this nature may involve certain risks beyond the reasonable control of NFCYM, its officers, directors, volunteers, and agents in connection with the Conference ("NFCYM et al.") and the Diocese and all parishes within it, and their respective officers, directors, volunteers, and agents, and chaperones, or representatives associated with the Conference ("Diocese et al."), including but not limited to accidents, emergencies, exposure to reckless conduct of other persons, and/or negligence of security and medical personnel, and that NFCYM et al. and the Diocese et al. disclaim any and all responsibility for any such risks. I understand that I will sometimes be at the Facilities, and at other times may be at other places such as hotels or on tourist excursions in or about Indianapolis. If during any break in the Conference there may be an opportunity to participate in recreational or other activities away from the Facilities, participants do so at their own risk and subject to all terms and conditions set by any recreational or other provider.

General Release & Waiver of Liability/Covenant Not to Sue & Hold Harmless: By signing this Agreement, I agree and acknowledge that I may be giving up important legal rights and remedies available to myself, my family, my heirs, successors, and assigns. This is a "General Release" which means that I am giving up and releasing important legal rights described below, and it is to be construed in the broadest possible manner.

For value received, I agree on behalf of myself, my heirs, successors, and assigns ("Our Behalf") that I assume all risks and generally release and waive any liability of any nature whatsoever against and agree to hold harmless NFCYM et al. and the Diocese et al. with respect to any and all actions, claims or demands that may be made or brought on Our Behalf against NFCYM et al. and/or the Diocese et al. arising out of or in connection with travel to or attendance at the Conference, or any other activity I may engage in while in the Indianapolis area. In addition, and not by way of limitation, I further agree to abide by any terms and conditions imposed by name badges or credentials, e.g., permission to

NFCYM/NCYC GENERAL RELEASE, COVENANT NOT TO SUE, LIABILITY WAIVER, AND PERMISSION AGREEMENT (ADULT PARTICIPANT) - continued

photograph.

A **“Covenant Not to Sue”** is a legal term that means a person promises not to file a lawsuit. It is different from the General Release of claims above. Besides waiving and releasing the claims covered above, I covenant on Our Behalf not to sue and promise never to file or prosecute any legal claim of any kind against NFCYM et al. and the Diocese et al. in any federal, state or municipal court, asserting any claims that are released by this Agreement. I am also waiving on Our Behalf any right to monetary recovery.

Further, for value received, for any injury to third parties that may arise because of my own actions or omissions, I agree on Our Behalf to hold harmless and indemnify and defend NFCYM et al. and the Diocese et al. with respect to any and all actions, claims, expenses, or demands arising therefrom that may be made or brought against NFCYM et al. and/or the Diocese et al., including but not limited to reasonable attorneys’ fees and expenses arising in connection therewith.

Medical Permissions (Limited): As a condition of attending the Conference at the Facilities, in the event of an emergency or accident rendering me unconscious, I grant permission for emergency medical care to be administered to me within the Facilities and/or during or after transportation to a hospital or doctor for emergency medical care. I understand that in Indiana a person may claim Good Samaritan defenses for providing in good faith gratuitous emergency care at the scene of any emergency or accident. I further understand that it is not NFCYM et al. responsibility to attempt to reach my emergency contacts and that I remain responsible for my own medical expenses.

NFCYM Guidelines for Diocesan Adult Chaperones: While I agree that at all times my actions as a chaperone will be subject to the supervision and control of my Diocese, I also agree to abide by all rules and regulations as outlined in the NFCYM Adult Participant Code of Conduct (“Code”) (www.nfcym.org/youthprotection/index.htm). I understand that if I have not heretofore seen the Code, it is my duty to seek a copy of the Code and to have reviewed it prior to signing this waiver. I agree that if I fail to abide in any way by the Code, that I may be dismissed from the Conference with no right of reimbursement or refund for any amount in connection therewith from NFCYM et al.

Conference Fee Nonrefundable: I agree that if I suffer an illness requiring dismissal from the Conference, there is accident or emergency requiring dismissal of myself from the Conference, if I violate the Code, or if the Conference must be discontinued in event of accident or emergency, I must return home at my expense, and I assume the risk of any loss of any nonrefundable or additional costs associated with travel and fees for the Conference, with no right of reimbursement or refund for any amount in connection with therewith from NFCYM et al. or the Diocese et al.

Insurance: Please visit the *Allianz Global Assistance* website (www.allianztravelinsurance.com) or call them directly (866-884-3556) for a description of the travel insurance benefits and assistance services offered. Please indicate below:

_____ **YES**, I have purchased a travel insurance package from *Allianz Global Assistance* and have paid the fee for this directly to *Allianz Global Assistance* in order to manage any risks I may experience by attending the Conference.

_____ **NO**, I declined to purchase an insurance package, but acknowledge that I was offered and declined this risk management opportunity.

I fully understand the consequences of and sign this GENERAL RELEASE, COVENANT NOT TO SUE, LIABILITY WAIVER, AND PERMISSION AGREEMENT knowingly, freely, and willingly.

NFCYM/NCYC GENERAL RELEASE, COVENANT NOT TO SUE, LIABILITY WAIVER, AND PERMISSION AGREEMENT (ADULT PARTICIPANT) - continued

Signature of Adult Participant _____ Date _____

NOTARY (REQUIRED)

City/County of _____; State of _____

On this ____ day of _____, 2015, before me personally appeared the adult named hereinabove, who is personally known to me or produced positive identification, and who executed the foregoing GENERAL RELEASE, COVENANT NOT TO SUE, LIABILITY WAIVER, AND PERMISSION AGREEMENT and acknowledged that he/she executed the same as his/her free act and deed.

Signature of Notary Public: _____

My commission expires: _____

For Diocesan Use ONLY

- Diocesan Youth Protection Training Complete
- Background Check Complete
- Other _____

NCYC Adult Code of Conduct

(excerpted from *Safeguarding God's Children: NFCYM Policies for Protecting Young People*)

Young people are the most important gifts God entrusts to us. As an adult participant in an NFCYM-sponsored youth event or program, I promise to strictly follow these policies and the following standards as a condition of my providing services to either to my diocese/organization and/or NFCYM.

I will:

Conduct myself in a manner that exhibits the highest Christian ethical standards and avoids even the appearance of impropriety, and therefore I will:

- 1) Report suspected abuse of any minor to the appropriate authorities.
- 2) Cooperate fully in any investigation of abuse of minors.
- 3) Develop and maintain the level of skill required to be competent.
- 4) Be knowledgeable of and adhere to all applicable aspects of *Safeguarding God's Children: NFCYM Policies for Protecting Young People*. (<http://www.nfcym.org/youthprotection/index.htm>)
- 5) Complete training in youth protection in my diocese or, if not available in my diocese, through the Boy Scouts of America's on-line training/certification program.
- 6) Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- 7) Honor the equality of all people, avoiding all forms of discrimination and respecting the dignity of each person without regard to economic status, age, gender, race, ethnicity, religion, sexual orientation, or physical or mental abilities.
- 8) Use positive reinforcement and communication rather than criticism, unhealthy competition, or comparison.
- 9) Become thoroughly familiar with the objectives and guidelines of the program in which I am participating and strive to achieve these objectives and communicate them appropriately.
- 10) Be aware of and adhere to emergency plans and evacuation routes appropriate to the program in which I am participating.
- 11) Be responsible and/or accountable for stewardship of all resources entrusted to my care.
- 12) Uphold the authority of those responsible for the program or activity in which I am participating and assist them in every way to encourage learning and to conduct fair and impartial events.
- 13) Avoid situations where I am alone with minors, always following the two adult rule.
- 14) Avoid any form of excessive familiarity, inappropriate language, or any situation and conduct that exploits or could give the appearance of exploiting another.
- 15) Follow practices that consistently exhibit no tolerance for any form of abusive behavior.
- 16) Follow practices that demonstrate appropriate relationships between all NFCYM personnel and minors that are important for a child's development and a positive part of ministry.

I will not:

- 1) Use physical affection to initiate inappropriate contact with minors.
- 2) Touch a minor in a sexual or other inappropriate manner.
- 3) Smoke or use tobacco products in the presence of minors.
- 4) Purchase tobacco products for or distribute tobacco products to minors.
- 5) Use, possess, or be under the influence of alcohol while supervising minors or while participating in an NFCYM youth event.
- 6) Purchase alcohol for or distribute alcohol to anyone under the age of 21 years.
- 7) Use, purchase, possess, distribute, or be under the influence of illegal drugs at any time.
- 8) Purchase, download, possess, or distribute pornography.
- 9) Pose any known health risk to minors (i.e., no fevers or other contagious situations).
- 10) Humiliate, ridicule, threaten, demean, nor degrade minors or others nor tolerate such behavior in the environment for which I am responsible.
- 11) Use physical discipline in any way for behavior management of minors. No form of physical discipline is acceptable. This includes but is not limited to spanking, slapping, pinching, shaking, hitting or any other physical force as retaliation or correction for inappropriate behavior of a minor.
- 12) Use profanity in any form in the presence of minors.

I have read *Safeguarding God's Children* (<http://www.nfcym.org/youthprotection/index.htm>), understand its meaning, and agree to conduct myself in accordance with its terms.

I hereby represent that I am not currently being investigated for, nor have I ever been convicted of a disqualifying offense as defined in *Safeguarding God's Children: NFCYM Policies for Protecting Young People*; I have never been terminated from employment or a volunteer position for reasons related to allegations of physical or sexual abuse by me; nor have I sought or received any medical, physical, or psychological treatment for reasons involving physical or sexual abuse by me.

I understand that should my response to any of the statements above change, I am obligated to inform my diocese/organization/NFCYM immediately. Moreover, I understand that should I admit to, plead no contest to, or be found guilty of an incident of sexual misconduct or other disqualifying offense, or if it appears that an alleged claim is substantiated; my services with NFCYM-sponsored youth events shall be immediately terminated. Further, I understand that my failure to agree to and abide by the Adult Code of Conduct will bar me from participation in any NFCYM-sponsored youth event.

Signature:

Date: