

Adult YOUTH MINISTRY EVENT PARTICIPATION RELEASE EVENT INFORMATION

Event

Description: Chaperone Teen Canoe Trip to Chain O'Lakes State Park
Purpose of Event: Fellowship & Community
Date/Approx. Time of Departure: After the 8:15am Mass
Date/Approx. Time of Return: 3:30pm
Mode of Transport: We need adult chaperones to drive (see Driver Info sheet)
Overnight Accommodations (If applicable): N/A
Additional Information: Pack a lunch!

(Please detach and return portion below to the parish youth ministry director):

PARTICIPANT RELEASE*:

Participant Name: _____

Address: _____

Telephone: _____ Email: _____

If you would like to participate in this event, please fill in the blanks, date, and sign:

Name of Participant: _____ Parish: _____

RELEASE OF LIABILITY FOR THE DIOCESE OF FORT WAYNE-SOUTH BEND

I hereby acknowledge recognition that participation in the event may expose myself to risks and hazards. Further, on behalf of myself, I hereby release and agree to hold harmless the above named parish and the Diocese of Fort Wayne-South Bend, Inc. to the fullest extent permitted by law from any and all claims, judgements and liability of every kind for any injury and damage of any kind, whether personal or property, that I or any one of us may suffer or incur due to my participation in the event, regardless of whether the injury or damage is attributable to the fault of parties other than the Parish or Diocese or attributable to the fault, including negligence, of the Parish or Diocese.

I agree to follow the rules of conduct as directed by the parish youth ministry program and Diocese.

Date Signature Printed Name *

A new Event Participation form must be completed for each Event. Information provided in the Annual Emergency Medical Care Form will apply to each Event in which you participate during the Youth Ministry Program year. Participants are responsible for updating the information on that form should changes occur during the Youth Ministry Program year.

2021-2022 ADULT ANNUAL EMERGENCY MEDICAL CARE FORM

Note: Participants must complete, sign, and submit this form prior to the commencement of each Parish Youth Ministry Program year. **Participants are responsible for updating the information on this form should changes occur during the Parish Youth Ministry Program year.**

CONSENT TO EMERGENCY MEDICAL CARE

Participant Name: _____ Parish: _____

In the event of an emergency, I request that the parish make reasonable attempts to contact _____ (name) at _____ (phone number) or _____ (name) at _____ (phone number)

I understand that in an emergency, exigent circumstances may prevent the parish from contacting the above listed emergency contacts immediately, or the parish may be unable to reach them. I therefore consent to the parish taking action which it deems necessary to secure emergency medical care/treatment.

I understand that decisions concerning the type of emergency medical care or treatment administered are normally made by health care providers and not by the parish and that exigent circumstances may require the administration of emergency medical care or treatment without my prior consent. However, I have indicated below any treatment preferences I have which the parish may disclose to a health care provider. (participants may check the following):

___ Dr. _____ is my preferred physician and Dr. _____ is my preferred dentist.

___ _____ is my preferred hospital.

___ Other: _____

The parish may also disclose the following checked information to a health care provider:

___ Insurance Information: Insurance Company Name: _____
Policy/Group/Claim No.: _____

___ The following information regarding allergies I have, medication I am taking, and other medical facts: _____

I understand that in the event of an emergency, the parish will make reasonable efforts to notify a health care provider of the above-checked information, but I acknowledge that I am responsible for communicating such information to the appropriate medical personnel.

Date Participant Signature Email

DRIVER INFORMATION SHEET

Driver

Name _____ Date of Birth _____
Address _____ Driver's License # _____
_____ Date of Expiration _____
Phone # _____

Vehicle That Will Be Used

Name of Owner _____ Model of Vehicle _____
Address of Owner _____
Make of Vehicle _____ Year of Vehicle _____
License Plate # _____ Date of Expiration _____
Registration Expiration Date _____ Number of seats with functional seat restraints _____
Signature: _____ Date: _____

**If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.*

Insurance Information

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____ Policy # _____
Date of Policy Expiration _____ Liability Limits of Policy* _____

**Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000*

In order to provide for the safety of our students or other members of the parish and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the past five years:

Please note that as a volunteer driver, your insurance is primary.

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Signature

Date