



COST: \$650

Event: NCYC Conference
Dates: November 20 - 24, 2019
Location: Indianapolis, Indiana
Mode(s) of Transportation: Coach Bus
Parish/School Name & City
Parish/School Group Leader
Name
Sex: Male / Female (circle one)
Shirt Size: (S,M,L,XL,XXL)
Complete Address
Home Phone
Cell
Work
E-mail

Non-refundable deposit of \$250 due April 15, 2019; final payment of \$400 due September 20, 2019.

DOW-R CONSENT / LIABILITY WAIVER / MEDICAL RELEASE

I, _____, agree on behalf of myself, my heirs, successors, and assigns, to hold harmless and defend the above named parish/school and Diocese of Winona-Rochester, its officers, directors, employees and agents, chaperones, or representatives associated with the event, and my participation in the event, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith; and any injury to myself from any cause or person whatsoever, any actions, claims, or demands that may arise because of my actions or omissions resulting in injury or damage. I agree to compensate the above named parish/school and the Diocese of Winona-Rochester for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the above parish/school and Diocese of Winona in connection therewith.

EMERGENCY MEDICAL TREATMENT: In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered.

EMERGENCY CONTACT: In the event of any emergency and for permission for treatment beyond emergency procedures, please contact: _____

Alternative contact name (printed)
Relationship
Home Phone
Work Phone
Cell Phone
Family Health Plan Carrier
Policy #:
Family Doctor
Clinic
Phone Number

The undersigned consents that the Diocese of Winona-Rochester be permitted to use and publish for advertising, commercial or publicity purposes, the photograph or video of myself for lawful purpose and the undersigned does hereby release the Diocese of Winona-Rochester from any liability in connection with such use. There will be no compensation for use of any photograph or video at the time of publication or in the future.

I fully understand the consequences of and sign this Liability Waiver and Permission knowingly, freely, and willingly.

SIGN HERE
Participant Signature
Date
SIGN HERE
Notary Public Signature (required)
Date

REQUIRED: [Background check must be within five years of event. Contact your parish youth minister if you do not have this or need it updated.]

Date of most recent background check: _____ by [name of parish/ work/ school] _____
Date Safe Environment [VIRTUS] training completed: _____ by [parish/ work/school] _____

OPTIONAL MEDICAL INFORMATION: Specific Medical Information: The Diocese of Winona-Rochester will take reasonable care to see that the following information will be held in confidence.

- Allergic reactions (medications, foods, gluten intolerance, plants, insects, etc.)
Date of last tetanus/diphtheria immunization
Do you have a medically prescribed diet?
Any physical limitations?
You should also be aware of these special medical conditions: