



Event: March for Life

Dates: January 16 – 20, 2019

Location: Washington DC

Mode(s) of Transportation: Coach Bus

Parish / School Name / City _____ Parish / School Group Leader: _____

Cost of Event: \$325 Down Payment Amt / Due date: \$50 / Nov. 21, 2018 Final Payment Amt / Due date: Jan. 1, 2019

Participant's Name: _____ Sex: *Circle one:* Male / Female

Complete Address: _____ [Town/Zip] _____

Home Phone: _____ Cell _____ Email: _____

You will receive correspondence by email

Age _____ Date of Birth: ____ / ____ / ____ *Circle one:* chaperone / non-chaperone

Assumption of Risk and Indemnity Agreement

I, _____, please print, volunteer to serve as a chaperone for the above-described activity/field trip.

The undersigned, his/her personal representatives, heirs and assigns, DO HEREBY:

1. RELEASE, DISCHARGE AND COVENANT NOT TO SUE the above named school and the Diocese of Winona-Rochester, MN for any and all claims and liability, except for those arising out of the strict liability or negligence of releasee which causes the undersigned injury, death or property damage and further agrees to hold releasee harmless and indemnify releasee from any claim, judgment or expense releasee may incur by participation in the described activity/field trip.
2. UNDERSTAND that participation in the described activity/field trip involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport me to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, contact:

Alternative contact name (printed) Relationship Home Phone Work Phone Cell Phone

Medication I am taking at present: _____

I will bring all such medications necessary, and such medications will be well-labeled and in original container.

Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows: _____

Health Plan Carrier _____ Policy # _____

Doctor _____ Clinic _____ Phone Number _____

I have read this document. I understand it is a release of all claims. I understand that I assume all risk inherent in this activity. I voluntarily sign my name evidencing my acceptance of these provisions.

SIGN HERE _____
Signature Date

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: _____



March for Life

January 16 – 20, 2019

Name: _____

Parish/Town or School Group/Town _____

EVENT CODE OF CONDUCT

Note: You will also be required to sign the “Volunteer’s Code of Conduct” for your parish files.

Please remember you are representatives of the Diocese of Winona-Rochester. We expect you will represent your parish, school and the Diocese well during this pilgrimage. Recall that you are a witness for your church to the press and dignitaries who will attend this gathering. We ask you to project an image of Christian charity and respect to everyone and to the property around you. We are confident you will display maturity, responsibility in leadership and character. Thank you!

Diocesan participants are responsible for their actions. Each participant accepts the full responsibility for any damage or theft caused while attending this pilgrimage. Leaders/Chaperones are expected to enforce the Code of Conduct and set an example for the participants.

1. I will treat all persons with respect and will not intentionally cause any harm (physically, emotionally, or spiritually) to any person in any way.
2. I will respect the property of others, including all program facilities.
3. I will follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
4. I will be on time for all check-ins and departure times.
5. I will dress modestly at all times.
6. I will attend all activities and remain with their group or designated subgroup at all times. I will wear my lanyards **at all times** with the appropriate documentation and **medical release forms**.
7. I will not purchase, possess or use alcohol or illegal drugs.
8. I will not smoke or chew tobacco in enclosed spaces (including crowded areas outdoors) or outdoor prayer services.
9. There should be no need for sleeping room changes. However, if the need arises, the participant must contact the group leader who will coordinate a change with the appropriate facility. Men and women are to stay in separate sleeping areas and **not visit the sleeping areas of the opposite sex at any time**: socializing is to be done in public areas.
10. No weapon of any kind may be possessed by a participant. Possession of a weapon will mean immediate dismissal from the pilgrimage.
11. Be aware of noise levels in sleeping areas. All people have the right to quiet time and privacy.
12. The possession of sexually explicit or morally inappropriate materials **in any form** is not permitted.

I agree to abide by this code of conduct traveling to and from and during this event. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal from this pilgrimage.

 Participant Signature _____ Date _____

Date of most recent background check: _____ by [name of parish/ work/ school] _____

Date Safe Environment [VIRTUS] for the Diocese of Winona-Rochester completed: _____.



Use of Image Waiver - ADULT Attendee Form

Please carefully read and sign this form for the 2019 March for Life Rally and Mass for Life.

‘Through my acceptance and use of the ticket to enter and attend the 2019 Youth Rally and Mass for Life, I hereby grant the Archdiocese of Washington / Diocese of Winona-Rochester permission to use my image and likeness in any television broadcast, photograph, video, internet site, audio-recording, and in any and all of its publications, including website entries (collectively “promotional materials”) without payment or any other consideration. I understand and agree that these promotional materials will become the property of the Archdiocese of Washington / Diocese of Winona-Rochester and will not be returned. I hereby irrevocably authorize the Archdiocese of Washington / Diocese of Winona-Rochester to edit, alter, copy, exhibit, publish or distribute my image or likeness for purposes of publicizing or promoting the Archdiocese of Washington / Diocese of Winona-Rochester’s programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the promotional materials. I hereby hold harmless and release and forever discharge the Archdiocese of Washington / Diocese of Winona-Rochester from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf, my child’s behalf, or on behalf of my estate have or may have by reason of this authorization.’

Name (printed) _____



Signature _____

Date _____