



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 Amount / Due date: \$50 / Nov. 21, 2018 Final Payment Amount / Due date: Jan. 1, 2019

Name: _____ Sex: Male / Female School Grade at event _____

Complete Address: _____ [Town/Zip] _____

Home Phone: _____ Cell _____ Email: _____

You will receive correspondence by email

Age at time of event: _____ Date of Birth: ____/____/____

Parent / Guardian Name _____ Relationship _____

Parent / Guardian Home Phone _____ Work _____ Cell _____

PARENTAL CONSENT / LIABILITY WAIVER

I, _____, grant permission for _____

Parent's or Guardian's Name (printed)

Child's Name (printed)

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the above named parish/school and the Diocese of Winona-Rochester from any claims or law suits brought against the above named parish/school / Diocese of Winona-Rochester by myself, my child or others, that arises out of any behavior by my child at the event described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Diocese in defense of such a claim/suit.

I understand that this event includes the use of a swimming pool. I hereby give permission for my child to use the pool.

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

EMERGENCY CONTACT: In the event of any emergency, if you are unable to reach me at the above numbers, contact:

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

Medication my child is taking at present: _____

My child 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: _____

Family Health Plan Carrier _____ Policy # _____

Family Doctor _____ Clinic _____ Phone Number _____

The undersigned parent/guardian hereby consents that the Diocese of Winona-Rochester be permitted to use and publish for advertising, commercial or publicity purposes, the likeness (picture) of my child for lawful purpose and the undersigned parent guardian does hereby release the Diocese of Winona-Rochester from any liability in connection with such use.

As Parent or Guardian, I agree to all of the above stated considerations and conditions.



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 _____
Does your child have a medically prescribed diet? _____
Any physical limitations? _____
Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? _____
You should also be aware of these special medical conditions of my child: _____

Optional: I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Signature _____

Date _____



March for Life

January 16 – 20, 2019

Name: _____

Parish / School Group _____

CODE OF CONDUCT

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 to Christ to the press and others 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 as a son or daughter of God with dignity and respect. I 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 attend all activities and remain with their group or designated subgroup at all times. I will wear my lanyard **at all times** with the appropriate documentation and **medical release forms**.
6. I will not purchase, possess or use alcohol or illegal drugs.
If you have prescription medication, your group leader and Diocesan staff must be informed before the trip.
7. I will not purchase, possess or use any tobacco products...
8. I will not purchase, possess or view sexually explicit or morally inappropriate materials **in any form**.
9. I will not purchase or possess any weapons. Possession of a weapon will mean immediate dismissal.
10. I will be aware of noise levels in sleeping areas. I will respect others' need for sleep, quiet time and privacy.
11. I will dress modestly at all times.
12. There should be no need for sleeping room changes. If such need arises, the pilgrims 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 may be done only in public areas.

I agree to abide by this code of conduct traveling to and from and during this event. I understand that failure to abide by this code may result in my being sent home at my own and/or my parent/guardian's expense.

SIGN HERE Participant Signature _____ Date _____

SIGN HERE Parent/Guardian Signature _____ Date _____

SIGN HERE Parish/School Group Leader Signature _____ Date _____



Use of Image Waiver

YOUTH Attendee Form

Please carefully read and sign this form [for yourself or your child] for the 2019 March for Life Rally and Mass for Life.

‘Through my own and/or my child’s 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 own and/or my child’s 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 own/my child’s 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 own/my child’s 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/Child Name _____



Parent Signature _____

Date _____