



# What is Your Story?

## Chaperone Waiver and Office of Safe Environment Requirements

Name \_\_\_\_\_ Parish: \_\_\_\_\_

Street Address/City/Zip \_\_\_\_\_

Phone (home/cell) \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/medical conditions: \_\_\_\_\_

Medical Carrier/Policy # \_\_\_\_\_

I choose to attend the Catholic Youth Encounter (CYE) and if needed, to be evaluated, diagnosed, transported, treated, and/or medicated in accordance with standard medical practice by licensed personnel. I relieve the Archdiocese of Hartford and \_\_\_\_\_ (parish) of all responsibility and consequences that may arise as a result of medical treatment and/or other participation in this event. I will not hold any of the parties previously listed or representatives associated with the event responsible in the event of injury and I agree to accept any and all financial responsibility as a result of scheduling such treatment. I warrant that to the best of my knowledge, I am in good health and I assume all responsibility for my health. Should the need arise, please call the emergency contact names above.

All personnel over the age of 18 in a chaperone capacity or leadership position, who are involved in this event must be in compliance with the USCCB's *Charter for the Protection of Children and Young People*, as well as adhering to the policies and codes of the *Office for Safe Environment (OSE) Handbook* (<https://archdioceseofhartford.org/protection-of-youth/>). Chaperones must have a current background check, taken *Virtus Training*, and signed the acknowledgment form in the OSE handbook.

All group leaders must provide the OSE with a chaperone compliance form; only the chaperones listed on this form who have been approved by the OSE will be allowed to be present at the Catholic Youth Encounter.

Questions regarding these requirements can be directed to Kathleen Nowosadko, Director of the Office of Safe Environment: 860-242-5573 ext. 7502 or [Kathleen.Nowosadko@AOHCT.org](mailto:Kathleen.Nowosadko@AOHCT.org)

**Return this form to the School/ Parish group leader no later than April 1, 2020. Bring your ID with you to the Catholic Youth Encounter on April 26, 2020.**

The information provided in this form is correct to the best of my knowledge. I understand that in signing this document, I authorize verification of this information through communication with any person or organization named herein. I release from liability any person or organization which provides such information as well as the ARCHDIOCESE OF HARTFORD and my parish named above. I also agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend my parish named above, and Hartford Roman Catholic Diocese Corporation (ARCHDIOCESE OF HARTFORD), its officers, directors, agents, employees, or representatives associated with the event from any and all liability claims, loss, or damage arising from or in connection with my participation. I also understand that I may be photographed at this event for future publicity, including but not limited to Archdiocesan websites / social media / print media).

I have read, understood, and agree to abide by the *Catholic Youth Encounter* Participant's Expectations & Code of Behavior.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

