



Adult Field Trip/ Liability Waiver

Name _____ Parish _____

Home Address _____

City/State/Zip _____

Phone (home or cell) _____ E-mail _____

Emergency Contact _____ Phone _____

Allergies/special medical conditions _____

Medical Carrier/Policy # _____

I choose to attend the **Catholic Youth Encounter** 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.

Sexual misconduct by personnel, paid or volunteer, of the **ARCHDIOCESE OF HARTFORD** while performing the work of the **ARCHDIOCESE OF HARTFORD** is contrary to Catholic principles and is outside the scope of the duties and employment of all personnel. All personnel over the age of 18 in a chaperone capacity who are involved in this event must be in compliance with the USCCB's Charter for the Protection of Children and Young People and the Archdiocese of Hartford's Office for Safe Environment (OSE):

- ☐ All group leaders must provide the OSE with a chaperone compliance form; only the chaperones listed on this form and 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

Return this form to the School/ Parish group leader no later than August 1, 2018. Bring your ID with you on 9/30/18.

Vendors/Speakers/Volunteers should return this form to Miriam Hidalgo: Miriam.Hidalgo@AOHCT.org by August 1, 2018.

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 **THE 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.

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

Signature _____ Date _____