

Event: **March for Life**



ARCHDIOCESE
OF
SAINT PAUL &
MINNEAPOLIS



Dates: **January 18-23, 2022**

Age 18+

Location: **Washington D.C**

Mode(s) of Transportation: **Coach Bus**

Parish / School Name / City: _____

Parish / School Group Leader: **Jack Dorcey**

Cost of Event: \$490 Down Payment Amount / Due date: \$200/10.24.21 Final Payment Amount / Due date: \$290/11.21.21

Pilgrim's Name: _____ Sex: Male / Female

Complete Address: _____

Cell: _____ Ok to text? ___ Email: _____

Age: _____ Date of Birth: ___/___/___ Diet: Vegetarian ___ Gluten-Free ___ Dairy-Free ___ Other _____

Assumption of Risk and Indemnity Agreement

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

The undersigned, on behalf of themselves and their personal representatives, heirs and assigns, do hereby:

1. release, discharge and covenant not to sue the above named parish/school and the Archdiocese of St. Paul/Minneapolis, MN for any and all claims and liability, except for those arising out of the strict liability or gross 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 above 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.
3. consent to and authorize the use and reproduction, in print or electronic format by the Archdiocese of Saint Paul and Minneapolis or anyone authorized by the Archdiocese of Saint Paul and Minneapolis, of any and all photographs, film, video, electronic images ("images") or other likeness of me which have been taken on or at the above described event for any advertising, commercial or publicity purpose, without compensation, including sharing those images or likeness with commercial sponsors, news, commercial publications, broadcast producers, or community organizations and allowing the commercial sponsors, news, commercial publication, broadcast producers or community organization to publish the same. I further agree the Archdiocese of Saint Paul and Minneapolis is not liable for any damages or injuries resulting from such use. All images: electronic; negatives and positives; and prints, are owned by the Archdiocese of Saint Paul and Minneapolis. I also consent to the use of my name in connection with photographs of me taken today, and understand that images may be combined with other images, text and graphics, and cropped, altered or modified
4. understand that weather or other causes may necessitate a change in the itinerary and that I will be responsible for additional costs thereby incurred.

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.

Signature

Date

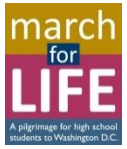
OPTIONAL MEDICAL INFORMATION: Specific Medical Information: The Archdiocese of St. Paul and Minneapolis will take reasonable care to see that the following information will be held in confidence.

- Allergic reactions (medications, foods, 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 18-23, 2022



Name: _____

Parish / School Group _____

EVENT CODE OF CONDUCT

Note: All volunteers are also required to complete the “Essential 3”: 1. Clear background check 2. VIRTUS Training and 3. Sign the “Volunteer’s Code of Conduct”

Please remember you are representatives of the Archdiocese of Saint Paul and Minneapolis. We expect you will represent your parish, school and the Archdiocese 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!

Archdiocesan 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, including e-cigarettes of any kind.
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 _____