

DIOCESE OF CHARLESTON
ADULT RELEASE FORM

PARTICIPANT INFORMATION:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Day Phone : _____ Eve Phone : _____
Parish/School & City: _____
Emergency Contact Name: _____ Phone: _____

PHYSICIAN & HEALTH INSURANCE INFORMATION:

Family Physician: _____ Phone: _____
Family Health Insurance Co. _____
Policy No. (Individual) _____ (Group) _____
Please list any medication that you may have an allergy to and/or any health problems a
Physician would need to know in treating you. _____

MEDICAL AUTHORIZATION & RELEASE OF INFORMATION

In the event of injury or illness I hereby give my permission to Jerry White, Director of Youth Ministry, employee of the Diocese of Charleston, to authorize transportation for me to a medical facility for any necessary medical treatment. I agree that in case of injury I will apply my hospitalization and/or accident insurance toward the payment of the expenses incurred.

I give my permission to medical personnel to share information with my parish youth minister or Jerry White, Director of Youth Ministry, in the event of injury or illness.

Signature Required: _____

RELEASE AND INDEMNIFICATION

I hereby release the Diocese of Charleston, their agents, successors, legal representatives and its employees from any liability for any injury to myself as a result of my participation in the Diocesan event, and I agree to indemnify and save the Diocese harmless for any costs or expenses it may incur as a result of my participation.

Signature Required: _____

CODE OF BEHAVIOR

Participation in the Conference is a privilege and not a right. Each adult must attend all scheduled activities. The behavior of all (youth & adults) must reflect Christian values. The Sponsoring Adult must stay at the entire event and is responsible at all time for his/her youth. Each parish, through the sponsoring adult, will take full responsibility for any damage done by their group. Drugs/Alcohol are not permitted. The Diocesan staff reserves the right to ask any participant to leave at the participant's own expense. I have read and agree to uphold the above "*Code of Behavior*".

Signature Required: _____

DIOCESE OF CHARLESTON OFFICE OF YOUTH/YOUNG ADULT MINISTRY

It is the policy of the Office of Youth Ministry of the Diocese of Charleston to require a signed affidavit, from **ALL ADULT CHAPERONES** at overnight activities, testifying that they have never been charged with or convicted of sexual abuse. This is for the protection of our youth as well as you the adult.

I, _____ chaperone for _____ parish,
have never been the subject of an investigation involving an allegation of sexual abuse.

Signature Required: _____