

DIOCESE OF COLUMBUS
ADULT PARTICIPATION - REGISTRATION/PERMISSION/RELEASE AND INDEMNIFICATION AGREEMENT

PARISH NAME Seton Parish PARISH CITY Pickerington
Please print clearly; return with appropriate payment to your adult leader. All incomplete forms will be returned.

I. REGISTRATION (Each Adult Participant Must Complete a Separate Form)

A. Name of Adult Participant: _____

Address: _____

City: _____ State: _____ Zip : _____

Cell Phone: _____ Email: _____

DOB: _____ Male Female T-shirt Size (Adult): S M L XL 2XL 3XL

Clergy/Religious Group Leader/Youth Minister HS Campus Minister Adult Volunteer

Name of Group Leader: Barbara A. Serrano

B. Name of Activity Gospel Road 2018
Location London, OH St Patrick School & Parish
Dates of Activity July 15-19, 2018

II. SPECIFIC MEDICAL INFORMATION AND MEDICATION

A. Specific Medical Information. The Parish will take reasonable care to see that the following information will be held in confidence.

Chronic Conditions (e.g. Epilepsy; Diabetes) _____

Allergic Reactions (e.g. Food, medications, plants, etc.) _____

Dietary Restrictions _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Any physical limitations? _____

Has the Participant recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: _____

Any special medical conditions of the Participant: _____

B. Medication: The Participant is responsible for providing and taking all medication, prescription or non-prescription, required by the Participant.

C. Emergency Contact and Information.

Emergency Contact _____ Phone Number (____) _____

Medical Insurance _____ Policy Number _____

Member's Name _____ Phone Number (____) _____

Family Doctor _____ Phone Number (____) _____

In the event of an emergency, the undersigned hereby give(s) permission to be transported to a hospital.

III. RELEASE AND INDEMNIFICATION

A. Release. The undersigned on behalf of the undersigned and the heirs, successors and assigns of the undersigned hereby releases, holds harmless from any liability, and discharges from all direct or derivative claims, actions, causes of actions, medical expenses, costs, legal expenses, other expenses and all other damages at law or in equity, known or unknown, direct or indirect, choate or inchoate against the Diocese of Columbus, the Parish and all current and former employees, agents, clergy, officers and volunteers of the Diocese of Columbus or the Parish, arising from the Participant's participation in the Activity named in Section I.B., above.

B. Indemnification. The undersigned shall indemnify and hold harmless the Diocese of Columbus, the Parish, and all current and former employees, agents, clergy, officers and volunteers of the Diocese of Columbus or the Parish from any claim, liability, suit, judgment, loss, damage, expense, fee or cost (including court costs and attorney fees) arising directly or indirectly from the participation of the undersigned in the Activity named in Section I.B., above, unless arising from the negligence of an indemnified party.

IV. CODE OF BEHAVIOR

A. Adults. Adults shall at all times conduct themselves in a lawful manner appropriate to the Activity. Adults shall act with respect for all other participants in the Activity. Adults shall act in accordance with the principles of the Roman Catholic Church.

B. Student Activities. Adult participants shall at all times be present and shall chaperone students assigned by group leader. Adult participants will supervise and monitor the movement of students throughout the activity. Adult participants will insure that no students enter areas specifically prohibited. Adult participants will insure that no students enter any rooms or areas that are not appropriately chaperoned by two adults. Adult participants will use safe environment practices such as not meeting with students in secluded areas; making sure enough adults are chaperoning all activities; observing other adults who are interacting with youth; and notifying OYYAM staff of any inappropriate activities throughout the duration of the activity. Adult participants will respect that the sessions are designed for the benefit of students and will refrain from excessive questions or participation in the sessions. The possession or use of alcohol, tobacco, drugs, or weapons of any kind by students or adult participants is not permitted. Failure to abide by this Code of Behavior may result in a request for the adult to leave the premises.

C. Gospel Road The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted. Adults will refrain from using cell phones, laptops, ipods, and texting devices during work session times, with the exception of emergency communication needs. All drivers and vehicles used for transporting young people must be in full compliance with the policies set forth in the *Diocesan Financial Policy Manual*. The employee or volunteer should have (at a minimum) personal auto insurance in the amounts of: *\$100,000 per person / \$300,000 per occurrence for Bodily Injury and \$100,000 Property Damage or a Combined Single Limit of \$300,000*. All drivers, transporting youth participants, must be at least 25 years of age.

V. SAFE ENVIRONMENT COMPLIANCE

Date of Criminal Background Investigation Report: ____/____/____

Protecting God's Children: ____/____/____ Date _____ Location _____

Signed Diocesan policies: cell phone driver adult harassment policy

Vehicle type (car, van, SUV, etc) _____ Passenger Capacity (including driver) _____

Driver license # _____ (copies may be requested)

Car Insurance Company _____

I HAVE READ, AND UNDERSTAND AND AGREE TO ALL CONTAINED IN THIS AGREEMENT. I HAVE READ AND UNDERSTAND THE ABOVE CODE OF BEHAVIOR AND COMMIT TO UPHOLD THIS CODE OF BEHAVIOR. I AFFIRM THAT THE SAFE ENVIRONMENT COMPLIANCE INFORMATION I HAVE PROVIDED IS COMPLETE AND TRUTHFUL.

Signature _____ Date _____

**GOSPEL ROAD 2018
ADULT PARTICIPATION – CONT**

VI. CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION

I consent to the release of photographs to be used by the Office of Youth and Young adult Ministry and Gospel Road for current and future programs and promotional pieces of the Diocese of Columbus.

Initials

VII. CONFIDENTIALITY STATEMENT

As a Christian, I affirm the dignity and uniqueness of each person created in God's image and likeness. I respect the well being, privacy and diversity of all my sisters and brothers in Christ. During Gospel road, I will be helping people in need who have been referred through local churches and social service agencies. I am aware that being a recipient of charity can make people feel more vulnerable and acknowledge that I am in a privileged position to be invited into their homes. Trusting that all personal information will be held in strictest confidence, the residents may share with me their personal stories and tell me of daily struggles. Recognizing that sacred trust, I will avoid relating to anyone privileged information that could identify the resident. As a matter of justice, I will honor every individual's right to confidentiality.

Initials

IX. PREVIOUS EXPERIENCE

Have you ever attended a workcamp? YES NO

If so, what camp(s) did you attend and when? _____

Please rate your competency in the following areas
(1=no experience; 2=minimal experience; 3=proficient; 4=thorough understanding)

Carpentry: 1 2 3 4

Dry Wall: 1 2 3 4

Painting 1 2 3 4

Yard work: 1 2 3 4

Cement work: 1 2 3 4

Briefly describe your home repair or construction experience(s): _____
