

# All Saints Catholic Church

19795 Holyoke Avenue, Lakeville, MN 55044 | 952-469-4481

## Adult (18 and Older) Mission Trip Consent Form and Indemnity Agreement

### PARTICIPANT INFORMATION

Last Name	First Name	Middle
Street Address	City	Zip Code
Home Phone	Cell Phone	Alternate Phone (E.g. Parent Cell)
Birth Date		

### EVENT INFORMATION

Name of Event: <b>Mexico NPH Mission Trip</b>	Date(s): <b>July 16-23, 2010</b>
Location: <b>Miacatlan, Mexico</b>	
Individual(s) in Charge: <b>Michael Vievering and Group Leaders</b>	Cost: <b>Varies by Participant</b>
Departure: <b>Friday, July 16, 2010</b> Return: <b>Friday, July 23, 2010</b>	Transportation: <b>Aircraft and Bus</b>

### PERMISSION AND INDEMNITY AGREEMENT

I, \_\_\_\_\_  
Participant's Name

will be participating in the above named activity and I warrant that I am in good health. In consideration of my of participation, I agree to indemnify the parish, the leaders and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the individual/parish/school/Archdiocese of St. Paul/Minneapolis by myself or others, that arises out of any behavior by myself at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/lawsuit.

### MEDICAL INFORMATION

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission for transport and treatment at a hospital/clinic for emergency medical treatment. In the event of an emergency, if you are unable to reach me, contact:

Name of Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

#### ADDITIONAL MEDICAL INFORMATION:

Medication I am taking at present: \_\_\_\_\_

Health Plan Carrier Name & Number: \_\_\_\_\_

Family Clinic/Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**I agree to all of the above stated considerations and conditions.**

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

Complete this part only if you DO NOT give permission to be photographed:

\_\_\_\_\_ I **DO NOT** give permission to be **photographed** as part of this activity, for use in  
Initials newsletters, bulletin boards, slide shows and future promotion of events.

## Young Adult Participant Code of Behavior

1. Alcoholic beverages and/or illegal drugs are not allowed. If you are found under the influence or in possession of alcohol or drugs **your will be called and you may be sent home at your expense.**
2. No tobacco of any kind may be possessed or used on any youth activity
3. No fireworks or firearms are allowed.
4. If you damage church or activity establishment property, you will pay for it.
5. You are expected to follow and support rules that are established by the adult leaders, or by the managers of the facilities used. The staff and site supervisors have the right and responsibility of correcting any problems they encounter.
6. Youth are responsible for keeping track of their own property. **All Saints is not responsible for lost, stolen, or broken items.** You may bring personal headsets and CD or MP3 players, but are asked to leave boom boxes and other audio equipment at home
7. Participants are expected to stay at the designated activity facilities at all times. Participants are expected to be at scheduled activities and to be with our group. Participants are not to go anywhere away from the group without notifying the director.
8. Romantic behavior and sexual activity are inappropriate while on youth activities.
9. All youth must bring in all necessary paperwork including forms needed as character references or background checks and signed emergency/authorization forms.

**I HAVE READ AN UNDERSTAND THE ABOVE GROUND RULES AND AGREE TO ABIDE BY THEM:**

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Young Adult Participant Signature

Date

Please note that all ground rules are provided to assure an atmosphere of care, safety and respect for all participants. Thank you for taking the time to read them over carefully before signing.