

# All Saints Catholic Church

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

## Chaperone 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

Birth Date

### EVENT INFORMATION

Name of Event: **Mexico NPH Mission Trip**

Date(s): **July 16-23, 2010**

Location: **Miacatlan, Mexico**

Individual(s) in Charge: **Michael Vievering and Group Leaders**

Cost: **Varies by Participant**

Departure: **Friday, July 16, 2010**

Return: **Friday, July 23, 2010**

Transportation: **Aircraft and Bus**

### 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.

## Adult Code of Behavior

1. Alcoholic beverages, tobacco and/or illegal drugs are not allowed. If you are found under the influence or in possession of alcohol or drugs **you will be relieved of your duties at your own expense.**
2. No fireworks or firearms are allowed.
3. If you damage church or activity establishment property, you will pay for it.
4. You are expected to follow and support rules that are established by the director, or by the managers of the facilities used. The staff and site supervisors have the right and responsibility of correcting any problems they encounter.
5. You are responsible for keeping track of your own property. **All Saints is not responsible for lost, stolen, or broken items.** You may bring personal headsets and CD players, but are asked to leave boom boxes and other audio equipment at home
6. 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.
7. Romantic behavior and sexual activity are inappropriate while on youth activities.
8. All participants will provide all necessary paperwork (background checks, etc.) in a timely manner.
9. Chaperones must attend boundaries training and discipline tactics training.

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

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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.