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

NAME _____ PARISH _____

CITY _____

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: ☐
Clergy/Religious: ☐ Group Leader/Youth Minister: ☐ HS Campus Minister: ☐ Medical Personnel: ☐

Name of Group Leader:

B. Name of Activity _____

Location _____

Dates of Activity _____

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 ensure that no. students enter areas specifically prohibited. Adult participants will ensure 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.

V. SAFE ENVIRONMENT COMPLIANCE

Date of Criminal Background Investigation Report: ____/____/_____
Protecting God's Children™ Date*:*___/_____/___ _____
Location

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