



FORM C: ADULT LEADER/CHAPERONE MEDICAL RELEASE AND LIABILITY FORM

Name: _____ **Sex:** Male Female
Birth Date: _____ **Age:** _____ **T-Shirt Size:** _____ (adult)
Church Parish and City of Church Parish: _____
Cell Phone: _____ **Email:** _____
Home Address: _____

Emergency Contact Name: _____ **Relationship:** _____
Home Phone: _____ **Cell Phone:** _____ **Email:** _____
Home Address: _____

Diocesan Guidelines

Please initial all that apply.

- _____ I am in compliance with all aspects of the Diocese of Shreveport Safe Environment Program, including the Protecting God’s Children training program and background check, which I will keep current and up to date.
- _____ If I volunteer as a driver to transport minors unrelated to me, I agree to have a current Motor Vehicle Report conducted through the Diocese of Shreveport, possess a valid driver’s license, have the proper and current license and vehicle registration, and have the minimal acceptable insurance liability limits of \$100,000/\$300,000.

As an adult leader/chaperone, I agree to abide by the values and morals of the Roman Catholic Church as I supervise the minors in my care. I also agree to abide by all event-specific rules. Should I not be able to maintain the guidelines and expectations of an adult leader/chaperone, I understand there will be consequences for my actions, which could include being asked to leave the program, activity, or event.

I agree on behalf of myself, to hold harmless, the Diocese of Shreveport, the Bishop and his successors, employees, agents, volunteers, any Catholic Church/Parish, its employees and volunteers from any and all claims (unless due to gross negligence of the Diocese and/or Catholic Church/Parish) for illness, injury, death, and the cost of medical treatment therewith, arising from or in any way connected with participation in various diocesan or Catholic Church/Parish programs, activities, and events. In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that each party is responsible for its own legal fees, court costs, and expenses.

I consent in perpetuity to the use by the Diocese of Shreveport and/or Catholic Church/Parish of any video recordings, photographs, audio recordings, or any other visual or audio reproduction (subject to editing) in which I may appear. I understand that these materials are being used for promotion of the youth ministry of the Diocese of Shreveport and/or Catholic Church/Parish, which may include recruitment and fundraising efforts.

Signature of Leader/Chaperone

Printed Name of Leader/Chaperone

Date

Medical Information

Please list all medical conditions/allergies/special health information.

Please initial one.

_____ I am medically insured. **I have provided a copy of the medical insurance card (front and back).**

_____ I am not medically insured. I understand payment in full for medical care is the responsibility of the patient.

In signing below, I acknowledge and agree that it is my responsibility to inform the Youth Ministry Leader any time any of the information in Form C needs to be changed, amended, or updated. I also confirm that to the best of my ability, I have not omitted any pertinent information and everything I have stated herein is true and accurately reflects my wishes.

Signature of Leader/Chaperone

Printed Name of Leader/Chaperone

Date