



CATHOLIC EDUCATION MINISTRIES

305 Seventh Ave. N. • Suite 201 • St. Cloud, MN • 56303 • 320-251-0111 • fax: 320-251-0259

## Castaway Retreat March 27-29, 2020

### ***B-1 ADULT LIABILITY WAIVER AND CONSENT FOR MEDICAL TREATMENT FORM***

Use this form for Adult Parish Leaders and Chaperones

Adult Participant's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Number of Times at Castaway: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

#### **A brief description of the activity follows:**

Type of event: **Castaway Retreat**

Date of Event: **March 27-28-29, 2020**

Destination of event: **Young Life Castaway Club in Detroit Lakes, MN**

Coordinated by: **Diocese of St. Cloud-Catholic Education Ministries**

Parish Leader & Contact Info: Jason Prigge ([jason.prigge@hohcatholic.org](mailto:jason.prigge@hohcatholic.org)) – 320.356.0763

Estimated time of departure and return: **Leave 3/27 morning - Return 3/29 late afternoon**

Mode of transportation to and from event: **School or Coach Bus**

**Nature of the Event** I understand that the nature of this retreat event sponsored by the Diocese of Saint Cloud will be held at the Young Life Castaway Club near Detroit Lakes, MN, from March 27 to 29, 2020, some 300 youth and adults will attend over three days. **Nature of Risks:** I understand that voluntarily traveling to and attending a retreat of this nature may involve certain risks beyond the reasonable control of the St. Cloud Diocese, its officers, directors, volunteers, and agents in connection with the retreat and all parishes within it, and their respective officers, directors, volunteers, and agents, and chaperones, or representatives associated with the retreat, including but not limited to accidents, emergencies, exposure to reckless conduct or negligence of other persons, and that the Diocese disclaims any and all responsibility for any such risks. I understand that I will primarily be at the Young Life Facilities, and at other times may be at other places such as on a bus or restaurant or rest stop or the like. **Waiver of Liability/Hold Harmless:** By signing this liability waiver, I agree and acknowledge that I may be giving up important legal rights and remedies available to myself, my family, my heirs, successors, and assigns. For value received, I agree on behalf of myself, my heirs, successors, and assigns ("Our Behalf") that I assume all risks and waive any liability of any nature whatsoever against and agree to hold harmless the Diocese of St. Cloud. With respect to any and all actions, claims or demands that may be made or brought on Our Behalf against the Diocese arising out of or in connection with travel to or attendance at the retreat, or any other activity I may engage in during the Castaway weekend. In addition, and not by way of limitation, I further agree to abide by any terms and conditions imposed by name badges or credentials, e.g., permission to photograph. Further, for value received, for any injury to third parties that may arise because of my own actions or omissions, I agree to hold harmless and defend the Diocese of St. Cloud with respect to any and all actions, claims, expenses, or demands arising there from that may be made or brought against the Diocese, including but not limited to reasonable attorneys' fees and expenses arising in connection therewith.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Adult Registration Side 2 of 5**

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, I am in good health, and I assume all responsibility for the health of myself.

**Emergency Medical Treatment:** In the event of an emergency where I am unconscious, I hereby give permission for transport of myself to a hospital for emergency medical or surgical treatment. In the event of an emergency, please contact the below named person at the numbers listed.

Name & relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Medical doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

**Specific Medical Information:** The parish will take care to see that this information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Do you have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Any other medical concerns you care to share? \_\_\_\_\_

Have you recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.?

**YES or NO**

If so, list date and disease or condition: \_\_\_\_\_

**Please indicate if you would like a shirt and mark the size below**

Shirts may not be ordered after March 9, 2020.

*Short Sleeve T-Shirt: \$15 each    Long Sleeve T-Shirt: \$20 each    Hoodie Sweatshirt: \$30 each*

Please Check One: I would like a: \_\_\_ Short Sleeve t-shirt    \_\_\_ Long Sleeve t-shirt    \_\_\_ Hoodie

Please Circle Desired Size: s m l xl 2xl 3xl 4xl

**Diocese of Saint Cloud • Catholic Education Ministries**

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Fax: 320-251-0259 • Email: [cem@gw.stcdio.org](mailto:cem@gw.stcdio.org)

### **B-3 ADULT CODE OF CONDUCT**

*(Excerpted from Safeguarding God's Children: NFCYM Policies for Protecting Young People)*

Young people are the most important gifts God entrusts to us. As an adult participant in a Diocese of Saint Cloud sponsored youth event or program, I promise to strictly follow these policies and the following standards as a condition of my providing services to either to my diocese/organization and/or parish.

I will conduct myself in a manner that exhibits the highest Christian ethical standards and avoids even the appearance of impropriety, and therefore I will:

- 1) Report suspected abuse of any minor to the appropriate authorities.
- 2) Cooperate fully in any investigation of abuse of minors.
- 3) Develop and maintain the level of skill required to be competent.
- 4) Be knowledgeable of and adhere to all applicable aspects of *Safeguarding God's Children: NFCYM Policies for Protecting Young People*. (<http://www.nfcym.org/youthprotection/index.htm>)
- 5) Complete training in youth protection in my diocese.
- 6) Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- 7) Honor the equality of all people, avoiding all forms of discrimination and respecting the dignity of each person without regard to economic status, age, gender, race, ethnicity, religion, sexual orientation, or physical or mental abilities.
- 8) Use positive reinforcement and communication rather than criticism, unhealthy competition, or comparison.
- 9) Become thoroughly familiar with the objectives and guidelines of the program in which I am participating and strive to achieve these objectives and communicate them appropriately.
- 10) Be aware of and adhere to emergency plans and evacuation routes appropriate to the program in which I am participating.
- 11) Be responsible and/or accountable for stewardship of all resources entrusted to my care.
- 12) Uphold the authority of those responsible for the program or activity in which I am participating and assist them in every way to encourage learning and to conduct fair and impartial events.
- 13) Avoid situations where I am alone with minors, always following the two adult rule.
- 14) Avoid any form of excessive familiarity, inappropriate language, or any situation and conduct that exploits or could give the appearance of exploiting another.
- 15) Follow practices that consistently exhibit no tolerance for any form of abusive behavior.
- 16) Follow practices that demonstrate appropriate relationships between all diocesan, parish, and minors that are important for a child's development and a positive part of ministry.

***Please continue to the back***

**I will not:**

- 1) Use physical affection to initiate inappropriate contact with minors.
- 2) Touch a minor in a sexual or other inappropriate manner.
- 3) Smoke, vape or use tobacco products in the presence of minors.
- 4) Purchase tobacco products for or distribute tobacco products to minors.
- 5) Use, possess, or be under the influence of alcohol while supervising minors or while participating in a Diocesan or parish youth event.
- 6) Purchase alcohol for or distribute alcohol to anyone under the age of 21 years.
- 7) Use, purchase, possess, distribute, or be under the influence of illegal drugs at any time.
- 8) Purchase, download, possess, or distribute pornography.
- 9) Pose any known health risk to minors (i.e., no fevers or other contagious situations).
- 10) Humiliate, ridicule, threaten, demean, nor degrade minors or others nor tolerate such behavior in the environment for which I am responsible.
- 11) Use physical discipline in any way for behavior management of minors. No form of physical discipline is acceptable. This includes but is not limited to spanking, slapping, pinching, shaking, hitting or any other physical force as retaliation or correction for inappropriate behavior of a minor.
- 12) Use profanity in any form in the presence of minors.

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

- I have read *Safeguarding God’s Children* (<http://www.nfcym.org/youthprotection/index.htm>), understand its meaning, and agree to conduct myself in accordance with its terms.
- I hereby represent that I am not currently being investigated for, nor have I ever been convicted of a disqualifying offense as defined in *Safeguarding God’s Children: NFCYM Policies for Protecting Young People*; I have never been terminated from employment or a volunteer position for reasons related to allegations of physical or sexual abuse by me; nor have I sought or received any medical, physical, or psychological treatment for reasons involving physical or sexual abuse by me.
- I understand that should my response to any of the statements above change, I am obligated to inform my diocese/organization/parish immediately. Moreover, I understand that should I admit to, plead no contest to, or be found guilty of an incident of sexual misconduct or other disqualifying offense, or if it appears that an alleged claim is substantiated; my services with diocesan and parish-sponsored youth events shall be immediately terminated. Further, I understand that my failure to agree to and abide by the Adult Code of Conduct will bar me from participation in any Diocesan-sponsored youth event. (excerpted from *Safeguarding God’s Children: NFCYM Policies for Protecting Young People*)
- I have completed the Safe Environment training provided by the Diocese of Saint Cloud provided at this address: <https://stcloud.cmgconnect.org/>

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

I have read the **STC Castaway Code of Conduct for Youth**. I agree to partner with the Castaway Director, Retreat Coordinators and other Parish Leaders in assisting all participants to follow and comply with the STC Castaway Code of Conduct for Youth.

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

Printed Name: \_\_\_\_\_



GUEST CONSENT RELEASE FORM FOR OUTSIDE GROUPS USING YOUNG LIFE CAMP

NOTE TO GUEST: Young Life wants your experience at the Young Life camps to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information.

Name \_\_\_\_\_  
 Last First Middle Initial

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Spouse/First Emergency Contact \_\_\_\_\_  
 Last First Middle Initial

Home Address \_\_\_\_\_  
 Street and Number City State/Province Zip/Postal

Business Address \_\_\_\_\_  
 Street and Number City State/Province Zip/Postal

Phone Number Home \_\_\_\_\_ Business \_\_\_\_\_

Second Emergency Contact \_\_\_\_\_  
 Last First Middle Initial

Home Address \_\_\_\_\_  
 Street and Number City State/Province Zip/Postal

Business Address \_\_\_\_\_  
 Street and Number City State/Province Zip/Postal

Phone Number Home \_\_\_\_\_ Business \_\_\_\_\_

Any allergies or other medical needs? \_\_\_\_\_

Name of Physician \_\_\_\_\_  
 Last First Middle Initial Phone Number

Address \_\_\_\_\_  
 Street and Number City State/Province Zip/Postal

I have had a physical within the last 24 months.

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_  
 Street and Number City State/Province Zip/Postal

**INDEMNITY AND CONTRACT AGREEMENT:**

I will not hold or attempt to hold Young Life liable for any loss, damage or injury to person or property caused by any act or neglect of other persons on or about the Property, or caused in any manner other than the willful or negligent act of Young Life, its agents and employees, and will indemnify and hold Young Life harmless from any liability for damages or claims against Young Life arising out of or in any way related to any such loss, damage or injury.

I release Young Life, including its trustees, employees and agents, from my physical injury, including death, or illness while at the Property. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

**Authorization for Treatment:** I hereby give permission to the medical personnel selected by the camp director to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person. To obtain a copy of Young Life's Notice of Privacy Practices, log on to [www.younglife.org](http://www.younglife.org) or call (719) 381-1950.

I verify that I am in good health and am capable of participating in strenuous activities, and when necessary, will tailor my activities to those within the bounds of my physical health. In Colorado, campers will participate in rigorous activities at 9,000 to 14,000 feet. I recognize that any medical treatment that is provided to me while attending a Young Life camp will be paid for by my medical insurance company.

**WAIVER AND RELEASE**

IF I AM UNDER AGE 18, MY PARENT OR GUARDIAN, BY SIGNING BELOW, ALSO CONSENTS TO MY RELEASE AND HE OR SHE AGREES THAT THIS RELEASE SHALL BE BINDING UPON HIM OR HER AS MY PARENT OR GUARDIAN AS TO ME AND MY ESTATE, HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS. MY PARENT OR GUARDIAN ALSO PROMISES, BY SIGNING BELOW TO DEFEND, INDEMNIFY AND HOLD YOUNG LIFE HARMLESS FROM ANY CLAIM ASSERTED BY ME AGAINST YOUNG LIFE, INCLUDING ITS TRUSTEES, EMPLOYEES AND AGENTS, IF I SHOULD REPUDIATE THIS RELEASE AFTER OBTAINING ADULTHOOD.

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

Name of Your Group/Church\_ Harvest of Hope Catholic Community Dates of Event\_ March 27 - 29, 2020

**This form must be signed by all participants.**