



Non-Sponsor Registration / Medical Release & Waivers

103 N. Ninth, Salina, Kansas 67401 • Phone:(785) 827-8746

Fax: (785) 827-6133 • Email: respectlife@salinadiocese.org

(Page 1 of 3: Please complete all pages)

Please print legibly

Participant Name _____ Circle One: Male Female Date of Birth _____

Group Attending With _____ Phone # to be used on trip (_____) _____

Address _____ City, State, Zip _____

Email Address _____ Note: we will email you updates, check your spam folder

Have you completed the Diocesan Safe Environment Curriculum? Yes _____ No _____ When _____

EMERGENCY CONTACT:

Name _____ Relationship _____

Main Phone (_____) _____ Alternate Phone (_____) _____

Emergency Contact Name/Phone if Above Unavailable _____ (_____) _____

MEDICAL INFORMATION: A copy of your medical insurance card must be attached (Front AND Back)

I Have Medical Health Insurance: Yes _____ No _____

Insurance Co. _____ Policy# _____ Group# _____

Name of Insured _____ Relationship to Participant _____

Family Doctor Name _____ Phone (_____) _____

Medication: Please list all medications (including over the counter) taken routinely. Keep all medications in original bottle that identifies the physician, name of drug, dosage and frequency of administration. Over the counter medications keep in original packaging. Make sure you bring a couple days extra, in case of inclement weather.

Medication #1 _____ Dosage _____ Reason _____

Medication #2 _____ Dosage _____ Reason _____

Medication #3 _____ Dosage _____ Reason _____

Medication #4 _____ Dosage _____ Reason _____

List any major medical conditions and food restrictions (of Participant) i.e. allergies, asthma, nervous disorder, heart condition, unusual blood type, etc. _____

WAIVERS:

Photo Release: I hereby authorize the Catholic Diocese of Salina, the Archdiocese of Washington, D.C. and their agents to utilize photographic and/or video images of Participant and understand that I/Participant will receive no compensation, should any photograph and/or video of me/participant is published.

Medical Authorization: I/We understand that the Catholic Diocese of Salina and the Respect Life Office ("Diocese") assume no responsibility for accidents which may occur in association with the March for Life Pilgrimage. I/We agree to use my/our personal insurance **or funds** to cover any such incidents. I/We understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed above. In the event those individuals cannot be reached, I/We hereby give permission to the physician or any other qualified medical staff person selected by the event leader to hospitalize, secure medical treatment, and/or order any injection, anesthesia, or surgery for Participant as deemed necessary. In the event that participant complains of illness, I/We grant permission for non- prescription medication (such as Tylenol, Ibuprofen, lozenges, etc.) to be given to participant.

Waiver: I/We do hereby release, forever discharge and agree to hold harmless the Diocese from and against any and all kind of liability, claims, demands, lawsuits, and expense of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by Participant by virtue of Participant's participation in the March for Life Pilgrimage. I/We further agree to indemnify and hold harmless the Diocese and its respective members, officers, directors and employees, agents, sponsors and promoters from any and all liability, claim, loss, damage, cost or expense and waive any such claims against persons or organizations arising directly or indirectly from or attributable in any action or omission to act of any such person or organization in connection with the sponsorship, organization and execution of the March for Life Pilgrimage.

Code of Behavior: I agree to abide by all rules and regulations as outlined by the sponsors/representatives of the March for Life Pilgrimage. I agree that if I fail to abide in any way by the rules, that I can be dismissed from the event and sent home immediately at my expense with no right of reimbursement or refund for any amount in connection therewith from the Diocese or its representatives.

Mail paperwork to
Respect Life Office, 103 N. Ninth Street, Salina, KS 67401

NOTE YOU WILL NOT BE ALLOWED TO LOAD THE BUS WITH OUT THIS FORM!!

Please Initial each statement

_____ I have attached a copy of my medical insurance card **or** _____ I do not have Insurance.

_____ By registering for this event, I agree to pay the full amount due.

_____ I must have this form signed and notarized

_____ * (Drivers ONLY) I have attached a copy of my auto insurance card

DRIVER INFORMATION

I certify that I maintain a minimum liability coverage of \$100,000/\$300,000 on the vehicle used to transport the youth. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration.

Initial Here _____

THIS FORM MUST BE NOTARIZED

Signature of Participant _____ Date _____

The foregoing waiver was duly sworn and acknowledged before me this _____ day of _____, 20_____

My Commission Expires: _____, 20_____

Signature of Notary Public _____ Print Name _____

NOTARY COUNTY OF _____; STATE OF _____

SEAL:

Adult participants will: promise to strictly follow these policies and the following standards as a condition of representing the people of the Diocese of Salina. I will conduct myself in a manner that exhibits the highest Christian ethical standards and avoid even the appearance of impropriety.

Adult participants will:

- Report suspected abuse of any minor to the appropriate authorities
- Complete CMG training in youth protection (applies to anyone 18 years or older)
- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration
- 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
- Use positive reinforcement and communication rather than criticism, unhealthy competition, or comparison
- 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
- Be aware of and adhere to emergency plans and evacuation routes
- Be responsible and/or accountable for stewardship of all resources entrusted to my care
- Uphold the authority of those responsible for the March for Life by participating and assisting them in every way to encourage learning and to provide a safe pilgrimage
- Avoid any form of excessive familiarity, inappropriate language, or any situation and conduct that exploits or could give the appearance of exploiting another
- Follow practices that consistently exhibit no tolerance for any form of abusive behavior
- Respect bus captain and bus driver and be a support to them

Adult participant will not:

- Use physical affection to initiate inappropriate contact with minors
- Use, purchase, possess, distribute, or be under the influence of tobacco or tobacco less products, alcohol, illegal drugs, or pornography while participating in the March for Life pilgrimage
- Humiliate, ridicule, threaten, demean, nor degrade minors or others nor tolerate such behavior
- 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
- Use vulgar language or profanity in any form in the presence of minors

I hereby represent that I am not currently being investigated for, nor have I ever been convicted of any criminal acts; 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 my failure to agree to and abide by the Adult Code of Conduct will bar me from participation in the March for Life Pilgrimage event. I also understand that should I violate any of these responsibilities while on the Pilgrimage I can be sent home at my own expense.

Signature _____ Date _____

Print Name _____ Date _____