

# Adult Field Trip Questionnaire/Liability Waiver

Name _____ Parish _____ Position _____
Home Address _____
City/State/Zip _____
Telephone (home) _____ (work) _____ (e-mail) _____
Emergency Contact & relationship _____ Phone _____
Allergies/special medical conditions _____ Medications in current use _____
Primary Doctor/ Phone # _____
Medical Carrier/Policy # _____
Place of Employment _____
<b>*** Please attach a photocopy of the front and back of your insurance card</b>

I choose to attend the \_\_\_\_\_ and if needed, to be evaluated, diagnosed, transported, treated, and/or medicated in accordance with standard medical practice by licensed personnel. I relieve the Archdiocese of Hartford, and \_\_\_\_\_ (parish) of all responsibility and consequences that may arise as a result of medical treatment and/or other participation in WYD. I will not hold any of the parties previously listed or representatives associated with the conference responsible in the event of injury and I agree to accept any and all financial responsibility as a result of scheduling such treatment. I warrant that to the best of my knowledge, I am in good health and I assume all responsibility for my health. Should the need arise; please call the emergency contact names above.

Sexual misconduct by personnel paid or volunteers of the **ARCHDIOCESE OF HARTFORD** while performing the work of the **ARCHDIOCESE OF HARTFORD** is contrary to Christian principles and is outside the scope of the duties and employment of all personnel. All personnel who are involved in this field trip must answer the following questions:

- Has a civil or criminal complaint ever been filed against you alleging drug, alcohol, physical or sexual abuse or misconduct? YES \_\_\_\_\_ NO \_\_\_\_\_
- Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of drug, alcohol, physical, or sexual abuse or misconduct? YES \_\_\_\_\_ NO \_\_\_\_\_
- Have you ever received any medical treatment, physical or psychological, for reasons involving drug, alcohol, physical, or sexual abuse or misconduct? YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered yes to any question above attach a separate sheet of paper giving a short explanation.

I am in compliance with the policies and guidelines of my diocese regarding the USCCB Charter for the Protection of Children and Young People (i.e. you have submitted the paperwork for a background check and you have attended a Protecting God's Children training session. Date of Training \_\_\_\_\_ Location of training \_\_\_\_\_

The information provided in this form is correct to the best of my knowledge. I understand that in signing this document, I authorize verification of this information through communication with any person or organization named herein. I release from liability any person or organization which provides such information as well as the **ARCHDIOCESE OF HARTFORD** and my parish named above. I also agree on behalf of myself, my heir, assigns, executors, and personal representatives, to hold harmless and defend my parish named above, **THE ARCHDIOCESE OF HARTFORD**, its officers, directors, agents, employees, or representatives associated with the NEYG from any and all liability claims, loss, or damage arising from or in connection with my participation.

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

Diocesan Director (or agent) signature verifying PGC compliance \_\_\_\_\_ Date \_\_\_\_\_