

ADULT MEDICAL INFORMATION AND LIABILITY WAIVER
This form must be completed by every adult and chaperone attending the event.

Name _____

Age _____

Address _____

Parish/School _____ Parish/School City _____

I, _____, choose to attend New York Catholic Youth Day to be held at St. Joseph's Seminary, 201 Seminary Ave, Yonkers, NY 10704 on Saturday, April 27, 2024. I hereby warrant that to the best of my knowledge, I am in good health and I assume all responsibility for my health.

In the event of an emergency, I hereby give permission to be transported to a hospital for medical or surgical treatment; I wish to be advised, prior to any further treatment by the hospital or doctor. If needed, I agree to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend _____, *Parish/School*

its directors, agents, employees, or representatives from any and all liability for illness, injury or death arising from or in connection with my participation in the event. I relieve the Roman Catholic Archdiocese of New York, and the Office of Youth Ministry Staff of all responsibility and consequences that may arise as a result of medical treatment and/or participation in New York Catholic Youth Day. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment. I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of New York its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school/diocese.

In the event of emergency, please contact the following person.

NAME & RELATIONSHIP: _____
PHONE (DAY) _____ (CELL) _____
FAMILY DOCTOR: _____ PHONE _____
Health Plan Carrier: _____ Policy number _____

MEDICATIONS: I am taking medication at present. I will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that I take such medications, including dosage and frequency of dosage is as follows: _____

You should be aware of the following medical conditions, allergic reactions, etc: _____

As a representative of the Archdiocese of New York, I understand that I am expected to be a role model for the youth attending this event. **(Your signature as well as that of an appropriate member of the parish/school must appear below or you will not be permitted to attend the conference)**

I fully understand the consequences of the foregoing statements and sign this ADULT MEDICAL INFORMATION AND LIABILITY WAIVER form knowingly, freely, and willingly.

In signing below, I indicate that I am in compliance with the policies and guidelines for the Archdiocese of New York regarding the USCCB Charter for the Protection of God's Children and Young People (Safe Environment)

Adult Signature _____ Print Name _____ Date: _____

Parish/School Signature verifying compliance stated above (ex: Pastor, D/CRE, Paid F/T Youth Minister)

Signature: _____ Print Name _____ Date: _____