

Event: March for Life

Location: Washington D.C

Parish / School Name & City Church of the Epiphany



Dates: January 16-21, 2024

Under 18

Mode(s) of Transportation: Minnesota Coaches

Parish / School Group Leader: Carly Velazquez & Becky Riethmeier

Cost of Event: \$630 Deposit Amount / Due date: \$300/ 11.1.23 Final Payment Amount / Due date: \$330/12.1.23

Pilgrim's Name: _____ Sex: Male / Female School Grade _____

Complete Address: _____

Hm Phone: _____ Cell _____ Ok to text? ___ Email: _____

Age _____ Date of Birth: ___/___/___ Diet: Vegetarian ___ Gluten-Free ___ Dairy ___ Food Allergies _____

Parent / Guardian Name _____ Relationship _____

Parent / Guardian Home Phone _____ Work _____ Cell _____

PARENTAL CONSENT / LIABILITY WAIVER

I, _____, grant permission for _____
Parent's or Guardian's Name (printed) Child's Name (printed)

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to hold parish/school archdiocese harmless from any and all claims resulting in my child's participation in this event. I further agree to indemnify the parish/school and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the parish/school /Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above and for any harm my child incurs by reason of their participation in the above described event. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

I understand that this event may include the use of a swimming pool. I hereby give permission for my child to use the pool. I understand that weather or other causes may force plans to change and that I will be responsible for additional costs thereby incurred.

USE OF IMAGE: I grant permission to the parish/school and the Archdiocese of Saint Paul and Minneapolis to use and publish for advertising, commercial or publicity purposes, the name and likeness of my child, or for any other lawful purpose whatsoever, including photographic portraits, pictures, reproductions, made through any medium, including electronic media, and the undersigned parent/guardian does hereby release the Archdiocese of Saint Paul and Minneapolis and anyone authorized by the Archdiocese of Saint Paul and Minneapolis with such use. This authorization and consent permits such use to associate my child's name with the likeness for such purposes provided such use is consistent with the acceptable use policy for electronic communications and other policies.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital.

EMERGENCY CONTACT: In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Alternative contact name (printed) _____ Relationship _____ Home Phone _____ Work Phone _____ Cell Phone _____

Medication my child is taking at present: _____
My child will bring all such medications necessary, and such medications will be well-labeled and in original container. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows: _____

Family Health Plan Carrier _____ Policy # _____

Family Doctor _____ Clinic _____ Phone Number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature _____

Date _____

OPTIONAL MEDICAL INFORMATION: Specific Medical Information: The Archdiocese of St. Paul and Minneapolis will take reasonable care to see that the following information will be held in confidence.

- Allergic reactions (medications, foods, plants, insects, etc.) _____
- Date of last tetanus/diphtheria immunization _____
- Does your child have a medically prescribed diet? _____
- Any physical limitations? _____
- Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____
- You should also be aware of these special medical conditions of my child: _____

Optional: I hereby grant permission for non-prescription medication (such as non-aspirin products, ie. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Signature _____

Date _____

March for Life

January 16-21, 2024

Name: _____

Parish / School Group Church of the Epiphany

CODE OF CONDUCT

Please remember you are representatives of the Archdiocese of Saint Paul and Minneapolis. We expect you will represent your parish, school and the Archdiocese well during this pilgrimage. Recall that you are a witness to Christ to the press and others who will attend this gathering. We ask you to project an image of Christian charity and respect to everyone and to the property around you. We are confident you will display maturity, responsibility in leadership and character. Thank you!

Archdiocesan participants are responsible for their actions. Each participant accepts the full responsibility for any damage or theft caused while attending this pilgrimage. Leaders/Chaperones are expected to enforce the Code of Conduct and set an example for the participants.

1. I will not use my cell phone except for photos and during explicitly appointed times. I will immediately give my phone up if a chaperone asks for it.
2. I will treat all persons as a son or daughter of God with dignity and respect. I will not intentionally cause any harm (physically, emotionally, or spiritually) to any person in any way.
3. I will respect the property of others, including all program facilities.
4. I will follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
5. I will be on time for all check-ins and departure times.
6. I will attend all activities and remain with their group or designated subgroup at all times. I will wear my lanyard **at all times** with the appropriate documentation and **medical release forms**.
7. I will not purchase, possess or use alcohol or illegal drugs.
If you have prescription medication, your group leader and Archdiocesan staff must be informed before the trip.
8. I will not purchase, possess or use any tobacco products..
9. I will not purchase, possess or view sexually explicit or morally inappropriate materials **in any form**.
10. I will not purchase or possess any weapons. Possession of a weapon will mean immediate dismissal.
11. I will be aware of noise levels in sleeping areas. I will respect others' need for sleep, quiet time and privacy.
12. I will dress modestly at all times.
13. As this is a pilgrimage, I will not use the television or internet at the hotel.
14. There should be no need for sleeping room changes. If such need arises, the pilgrims must contact the group leader who will coordinate the change. Men and women are to stay on separate floors and **not visit the room or floor of the opposite sex at any time**. Visiting other rooms is not allowed. Socializing may be done only in public areas.

I agree to abide by this code of conduct traveling to and from and during this event. I understand that failure to abide by this code may result in my being sent home at my own and/or my parent/guardian's expense.

Participant Signature _____

Date _____

Parent/Guardian Signature _____

Date _____