



THE ARCHDIOCESE OF KANSAS CITY IN KANSAS

Youth Vocation Retreat Liability Waiver

Participant Information:

Name: _____

Date of Birth: _____ Male _____ Female

Name of Parent(s)/ Guardian: _____

Their home phone: _____ Cell Phone: _____

Other emergency contact – name/phone: _____

Participant Health Information:

Are you in general good health and able to participate in normal activities?

_____ Yes _____ No If no, explain _____

List any over the counter medications you may bring to the retreat: _____

Are all immunizations up to date? _____ Yes _____ No

Your health insurance provider: _____

Your policy or group #: _____

Primary policyholder's name and ID: _____

Do you have any dietary restrictions? _____

Do you have any allergies or conditions we need to know about? ___ Yes ___ No

If yes, describe: _____

Description of the Event and Activities: During the Venite et Videte retreat the guests will be staying at Savior Pastoral Center, where most activities will take place. The following activities are planned and may occur but are not limited to: adoration, Mass, dodgeball, board games, prayer, meals,

basketball, and a movie. A pilgrimage walk and Frisbee golf may take place at a park which is walking distance to Savior Pastoral Center.

Permission of Parent/Guardian (for those under 18 years old)

I/we, the parent(s)/guardian(s) of _____ request that he/she be allowed to participate in the event described above, and hereby give my/our permission for such participation.

I/we give my/our permission to the Vocation office of the Archdiocese of Kansas City KS to take photographs of the participant during the event for future promotional use.

Consent for Disclosure to Individual involved in the care and treatment of Participant

For the duration of the event, I/we grant to the Archdiocese of Kansas City KS and its agents the following powers, to be used for the benefit of and on behalf of participant (check all that apply):

_____ to receive any and all individually identifiable health information about the past, present and future medical condition of Participant, including, but not limited to, information necessary to the care and treatment of Participant and any illness or injury Participant may have sustained;

_____ to authorize medical care for Participant, including, but not limited to, any and all treatment, examination, diagnosis or outpatient medical care rendered under the general or special supervision of and on the advice of any physician or surgeon licensed to practice medicine by the applicable licensing body in the state in which physician or surgeon practices:

I/We understand that the Archdiocese of Kansas City KS will not be liable to me/us or any or my/our successors in interest for any action taken or not taken in good faith.

I/We consent to the logistics and conditions described above, including the method of transportation. I/We understand that as parent(s) or legal guardian(s) I/we may be responsible for any liability which may result from the conduct of Participant at or during the event.

I/We understand that there is a risk of injury involved in any Vocation retreat activity. I/We hereby release the Archdiocese of Kansas City KS, and its officers, agents, employees and volunteers, from any liability arising from claims of any kind or nature whatsoever in connection with Participant's participation in the event.

Signature of Parent/Guardian Date

Signature of Participant (any age) Date

Please attach a copy of the front and back of the participant's insurance card with this waiver.

Please send or email this document to: Vocation Office
Archdiocese of Kansas City KS
12615 Parallel Pkwy.

Email: vocation@archkck.org Kansas City, KS 66109