

Diocese of Crookston Youth Conference – Adult Liability Waiver

General Information

I, _____ (print name), agree to participate in this diocesan youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of diocesan employees and volunteers from the parishes in the Diocese of Crookston. A brief description follows:

Type of event: Diocese of Crookston Youth Conference

Location of event: Sanford Center – Bemidji, MN

Individuals in charge: Robert Noel, Misty Mehrkens, Cassandra Johnson

Date of event: Sunday, September 29, 2024

I completed my Safe-Environment Training, through the Diocese of Crookston. YES NO

**Adults who are not safe environment certified in the Diocese of Crookston cannot attend this youth event. Safe-Environment training is an online training that can be accessed at [Crookston.org/secertification](https://crookston.org/secertification).*

Liability Waiver

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on part of the persons or entities being released from dangerous or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the Diocese of Crookston, its officers, directors and agents, chaperones, or representatives associated with the activity, and that it will govern my actions and responsibilities at said activity.

On my behalf and on the behalf of any heirs, executor, and assigns, I hereby:

- (A) WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me, including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The Diocese of Crookston, and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;
- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the aforementioned entities or persons from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that The Diocese of Crookston and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I understand while participating in this activity, that I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

This waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT AND I SIGN IT OF MY OWN FREE WILL. BY SIGNING MY NAME BELOW, I AGREE TO THE ABOVE TERMS AND CONDITIONS.

Adult Signature: _____ **Date:** _____

Medical Matters

(I hereby warrant that to the best of my knowledge; I am in good health.)

Last Name _____ First Name _____

Signature _____

The Diocese of Crookston will take reasonable care to see that the following information will be used only for its intended purpose shall not be released to a third party unless necessary for medical treatment.

A. Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any treatment by the hospital or doctor. In the event of an emergency where I am unable to make a decision please contact:

Signature _____

Name & Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy: _____ Group: _____

B. Medications

→ _____ **Initial Here if:** I am taking medications at present time: I will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions, including dosage and frequency of dosage, are as follows:

C. Special Medical Information:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Any physical limitations? _____

You should be aware of these special medical conditions: _____
