

# Diocese of Rapid City World Youth Day Pilgrimage 2011

## Medical Permission Form, Liability Waiver, Permission to Photograph, Code of Conduct and Cancellation Policy

**Instructions:** Read and complete this waiver carefully. **Leave no spaces blank.** This copy must be signed or you will not be permitted to travel. Please keep a copy of this signed waiver at home. By signing this waiver, you agree that you may be giving up legal rights and remedies available to you and your parent(s).

Full Name(Print Clearly)\_\_\_\_\_ Parish\_\_\_\_\_

Parent(s)/Guardian(s)\_\_\_\_\_ Age as of August 9,2011\_\_\_\_\_

Address/City/State/Zip\_\_\_\_\_

Home Phone\_\_\_\_\_ Parent Cell\_\_\_\_\_ Email\_\_\_\_\_

Health Insurance Carrier\_\_\_\_\_ Policy #\_\_\_\_\_

Group #\_\_\_\_\_ Allergies\_\_\_\_\_

Dr.'s Name\_\_\_\_\_ Medications/Medical Conditions\_\_\_\_\_

Emergency Contact Name\_\_\_\_\_ Phone\_\_\_\_\_

**T-Shirt (circle one)- Men's Cut-** S- M-Lg-XL- XXL **or Women's Cut-**(loose fit) -S-M-LG-XL-XXL

**Roommate Preference(s)**\_\_\_\_\_

**Nature of Risks:** I understand that travel to and from Spain may involve certain risks beyond the reasonable control of the Diocese of Rapid City, World Youth Day and their respective officers, directors, volunteers and agents, and chaperones or representatives associated with the Diocese of Rapid City World Youth Day Pilgrimage, including but not limited to accidents, emergencies, exposure to reckless conduct of persons, and/or negligence of World Youth Day security and medical personnel, and the Diocese of Rapid City et al. disclaim any and all responsibility for any such risks.

**Medical Permission for Participant:** I hereby grant permission in the event of an emergency or accident for emergency medical care to be administered to myself during the Diocese of Rapid City World Youth Day Pilgrimage and/or during or after transportation to a hospital or doctor for emergency medical care.

**Waiver of Liability/Hold Harmless:** By signing this liability waiver, I agree and acknowledge that I may be giving up important legal rights and remedies available to myself, my family, my heirs, successors, and assigns. I agree that if I have an illness or behavioral infraction requiring dismissal from the Diocese of Rapid City World Youth Day Pilgrimage, or there is an accident or emergency requiring my dismissal from the Diocese of Rapid City World Youth Day Pilgrimage or if the same said pilgrimage must be discontinued in event of accident or emergency, I will be sent home at my expense, with no right of reimbursement or refund for any amount in connection with the Diocese of Rapid City, World Youth Day et al.

**Code of Conduct:** It is expected that youth and adults will follow directions of all the Diocese of Rapid City World Youth Day Pilgrimage respective officers, directors, volunteers and agents, and chaperones or representatives associated therein. Males and females are not allowed in the same sleeping area. Cell phones, ipods, and other distracting technology are not allowed. The use of drugs, tobacco, alcohol or items that endanger people are prohibited. Language and behavior should exemplify Christian values. Respect the rights and property of others. Theft and vandalism will not be tolerated. Clothing must be modest. Any instances of lack of cooperation or insubordination will not be tolerated and will be subject to possible removal and barring from the Diocese of Rapid City World Youth Day Pilgrimage. Parents will be informed of such infraction(s). The participant will be flown home at the participant's expense with no reimbursement or refund.

**Photograph permission:** I give my permission to be photographed by the West River Catholic and /or the Diocese of Rapid City. These photos will be use for promotional materials or publications including printed materials or website. \_\_\_ Check here if your do not want to be photographed.

**Cost:** \$2100. The non-refundable deposit of \$250, with this form and application are accepted beginning January 15, 2010 until June 1<sup>st</sup>, 2010. The next payment of \$925 is due November 30<sup>th</sup> and final payment of \$925 by April 30<sup>th</sup>.

**Cancellation Policy:** If you cancel before the airline tickets are purchased, there is no financial penalty if you find a replacement. If you cancel after airline tickets are purchased, all monies are non-refundable and non-transferrable.

**I fully understand the consequences of and sign this Registration Form, including Medical Permission, Liability Waiver, Permission to Photograph, and Code of Conduct and Cancellation Policy knowingly, freely, and willingly.**

Signature of Participant:\_\_\_\_\_ Date:\_\_\_\_\_

Signature of Parent/Gaurdian:\_\_\_\_\_ Date:\_\_\_\_\_

**Send your non-refundable deposit, payable to the Diocese of Rapid City, of \$250 with this form & all other application requirements to:**  
Diocese of Rapid City, attn: World Youth Day  
PO Box 678, Rapid City, SD 57709.

**For more information:** Provatia Pietila, 343-3541, ppietila@diorc.org