

**Diocese of St. Augustine Adult Consent Form & Liability
Waiver** (This form is required for chaperones or adult participants to
attend an off property event or trip.)

**To be completed by individuals age 18 or older and not in high school. For individuals 18 years of age or older and in
high school, the Parental/Guardian Consent Form must be used.**

Full Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____ Work Phone _____ - _____ - _____
Physician's Name _____ Phone _____ - _____ - _____
Email Address: _____ Last 4 Digits of Social Security Number: _____

Event & Location: DYC: Camp Kulaqua (23400 NW 212 Ave. High Springs, FL 32643)

Date & Time: February 16-18: Arrive at Camp 5PM Friday, Depart Camp 12:00 Noon Sunday

☐ **Transportation Not Provided**

☐ **Transportation Provided**

Method of Transportation: Carpool

I hereby waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, (name of entity)
CTK _____, the Diocese of St. Augustine, Bishop Erik Pohlmeier and any of their religious, employees, staff, volunteers,
agents and representatives from any liability, claim, loss, damage, cost or expense arising from their participation in this event. I
waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to
any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by
a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization
necessary.

(The following request is pertinent information if you are rendered unconscious)

Date of Birth (including year): _____ Age: _____

Date of last Tetanus shot: _____

Please list ALL medical conditions /allergies / special health information:

Please list ANY medications (prescription or non-prescription) you would like us to be aware of:

Do you have Medical Insurance? Yes No

If yes, please provide the following information:

Insurance Company: _____

Policy in the name of: _____ Policy Number: _____

Name of Emergency Contact: _____ Phone Number _____ - _____ - _____

Language Spoken by Emergency Contact: _____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

Signature _____ Date _____

**In signing the line above I agree to abide by any/all policies and rules established for this event. Should I not be able to
maintain the guidelines and expectations for this event, I understand that there will be consequences for my actions, which
could include my being asked to leave the event.**



Catholic Center

11625 Old St. Augustine Road
Jacksonville, Florida 32258
(904) 262-3200

Adult Photography Release Form

Without compensation, I hereby grant permission to the Catholic Diocese of Saint Augustine to use and reproduce photographs taken of me. These photographs may be used for news and editorial purposes in publications, electronic reproductions (websites and video, including livestream) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of Saint Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

Name (Printed): _____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email: _____

Date: _____



GUIDELINES FOR ADULT CHAPERONES

Being an adult chaperone is a ministry given for our youth that brings with it responsibilities and work. All who volunteer to chaperone an event are to be made aware of this document.

As an adult chaperone, you set an example for the young people who are participating in the Catholic youth event. The following is what the Diocese of Saint Augustine requires of you as a chaperone.

- All adult chaperones must be at least 21 years of age.
- Be in full compliance with Diocesan Policy "Protecting God's Children"
- All adult chaperones are responsible for helping to enforce the Parish and/or Diocesan Code of Conduct for all youth events. If the event is either a national or international event, the adult is expected to enforce that event's Code of Conduct also.
- Adult chaperones should use the Code (either Diocesan or National) as a guide for their behavior.
- All chaperones are expected to refrain from drinking alcoholic beverages for the duration of the event, as well as during their travels to and from the event.
- It is encouraged that adult chaperones not smoke during an event. If the chaperone must smoke then he/she is expected to do so in private, away from the young people after having informed the event coordinator.
- The possession or use of any illegal drugs by any individual will not be tolerated.
- All chaperones are not to possess a weapon of any kind during an event.
- Adult chaperones are expected to report to the event coordinator any violation of the Diocesan Code of Conduct by a young person. It is then the responsibility of the event coordinator to respond in a fitting manner to the violation. The response is not the responsibility of the adult chaperone.
- Adult chaperones are expected to attend all event activities.
- Adult chaperones are expected to respect and comply with the schedules set by the event.
- During the entire event, especially during dances and other social activities, adult chaperones are to be present and available in the area where the activity takes place in order to assist in the supervision of the youth present.
- Adult chaperones are to know that the primary reason for their involvement in an event is to help minister to and be available for the young people. This ministry may interrupt the normal meal and sleep routine of the chaperone.
- Adult chaperones are encouraged to interact with and get to know the young people who are attending the event. It is often times in these interactions that ministry occurs and God is at work.

We thank you for your willingness to give of yourself to this ministry to our young people. By signing below, you are stating that you have read through the guidelines, are willing to comply with and support the guidelines and are aware of the responsibilities and work that chaperoning entails.

Name (print): _____

Signature: _____ Date: _____

Parish: _____