

**CREDO CHAPERONE Liability Release Form**

*Release of All Claims*

**ARCHDIOCESE OF CINCINNATI, CREDO AND ST. GERTRUDE CHURCH & PARISH  
CONSENT, RELEASE AND INDEMNIFICATION AGREEMENT AND MEDICAL POWER OF ATTORNEY**

1. I, the undersigned, do hereby release from all liability and indemnify CREDO (also known as "CREDO: I Believe" and formerly known as Cincinnati 2000), the Archbishop of Cincinnati, both individually and as trustee for the Archdiocese of Cincinnati, and all parishes within the Archdiocese, and their agents, representatives, volunteers, and employees from any and all liability, claims, judgments and expenses, including attorney fees, known or unknown at this time, arising out of any injury, sickness, death or property damage of any kind which may be incurred while participating in or traveling to or from the CREDO youth conference on September 25-27, 2009 at Moeller High School.
2. I agree to cooperate with the Archbishop or his agents in charge of this activity. I also agree to abide by all requirements of the Decree on Child Protection of the Archdiocese of Cincinnati.
- 3a. I appoint the Archbishop or his agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, with respect to the following matters if any injury, illness or medical emergency deems me incapacitated during the activity or related travel:
  - (i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for my best interest.
  - (ii) I understand that the agents of the Archbishop will make a reasonable attempt to contact the listed emergency contact at soon as possible in the event of a medical emergency.
- 3b. The powers and authority granted herein may be revoked by me by written notice delivered to the Archbishop or his agents who are then acting or who have previously acted hereunder. Without such written notice, this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetency. This power of attorney shall lapse automatically upon completion of the activity and related travel. The release and indemnification provisions shall survive the completion of all CREDO activities.
4. I agree that the Archbishop or his agents, including CREDO and local parishes, may use my photograph for promotional purposes, website and office functions, and hereby release the Archbishop and his agents from any liability resulting from such use.
5. I agree that the Archbishop or his agents, including but not limited to CREDO and local parishes, are not and shall not be responsible for assuring that I take any medications, prescription or otherwise, which are indicated on the back of this form.

I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning and have filled out the necessary medical information on the back of this form.

**Chaperone Name:** \_\_\_\_\_ **Parish/School:** \_\_\_\_\_ **Gender:** M\_\_\_ F\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

I am also interested in being a small group leader: \_\_\_\_\_ Y \_\_\_\_\_ N

The Chaperone listed above is responsible for the following youth:

1. _____	2. _____	3. _____	4. _____
5. _____	6. _____	7. _____	

*There must be ONE CHAPERONE for every ONE TO SEVEN young people.*

**IMPORTANT:**

All chaperones for CREDO must have gone through child protection training and a criminal background check in accordance with Archdiocese of Cincinnati policy. All chaperones are therefore required to have their pastor or appropriate representative sign below, attesting that the above named chaperone has gone through child protection training and background check requirements, according to the policies of the Decree on Child Protection of the Archdiocese of Cincinnati.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Pastor or Designee** **Date** **Parish**

## MEDICAL INFORMATION — Please Print Clearly

Please fill in all information

Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Member Name \_\_\_\_\_ Phone (h): (\_\_\_\_) \_\_\_\_\_ Phone (w): (\_\_\_\_) \_\_\_\_\_

Member's Social Security #: \_\_\_\_\_

\*Social Security numbers are optional; however, please note that some hospitals WILL NOT treat without them.

Family Physician: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Allergies (especially foods): \_\_\_\_\_

Special Dietary Concerns: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Chronic conditions (*i.e., epilepsy, diabetes*): \_\_\_\_\_

### In case of emergency please contact:

Name: \_\_\_\_\_ 2<sup>nd</sup> Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_

### TO COMPLETE REGISTRATION PROCESS AND ASSURE SPACE:

# \$35/\$55

Please return this form (Liability Release form on the reverse side of this sheet must also be completed and signed) along with a \$35 registration fee for each participant and chaperone (plus \$20/person if participating in the overnight). If more than one chaperone (not including the associated youth) is coming from one place, it is a group registration. For groups, please send one parish, school or personal check to cover the total number of students and chaperones (\$35 or \$55 for each participant and chaperone). To assure space, registration and applicable fees must be received no later than September 18, 2009. After that, you may register at the door. Check should be made payable to "CREDO" and mailed to:

Registrations received by September 1 will  
receive **FREE** T-shirts for each participant!

CREDO Registration  
P.O. Box 43254  
Cincinnati, Ohio 45243-0254

Late/Walk-In registrations will be  
accepted as long as space is available.

### GROUP REGISTRATION

(Please attach a separate sheet listing all chaperones and youth coming from your parish or school, and send all forms in together!)

Contact Person: \_\_\_\_\_ Parish: \_\_\_\_\_

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

Contact Day Phone: (\_\_\_\_) \_\_\_\_\_ Contact Evening Phone: (\_\_\_\_) \_\_\_\_\_

Number of Participants in Group: \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

This registration form as well as additional information can be found at: [www.credoibelieve.org](http://www.credoibelieve.org)