



March for Life 2020
Catholic Diocese of Dodge City

Adult/Chaperone REGISTRATION FORM

Please print legibly. Use one form per person.

NAME: _____ Circle One: Male Female

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

CELL PHONE # TO BE USED ON THIS TRIP: _____

EMAIL ADDRESS: _____ PARISH: _____

*ALL participants 18 or older by the date of the pilgrimage, are required by the Diocese to attend a Protecting God's Children awareness session. Have you attended a PGC session? YES NO (please circle)

If YES, Where: _____ When: _____

2020 Travel Dates

Depart Wednesday morning, January 22, 2020 from Dodge City

Arrive in Washington DC, Thursday, January 23, 2020

Annual March for Life, Friday, January 24, 2020

Depart Washington DC, Saturday evening, January 25, 2020

Arrive back in Diocese late Sunday evening, January 26, 2020,

Please return completed forms and payment by November 25, 2019 to:

Tom & Lisa Ridder; 411 East County Road U; Leoti, KS 67861

No full or partial refund will be provided after November 25, 2019 (unless we can fill your spot). In the event an extended stay is necessary, participant is responsible for additional expenses incurred.

We regret any inconvenience this might cause.

Make check payable to "CATHOLIC DIOCESE OF DODGE CITY"

Please indicate your payment preference (Payment MUST accompany registration form):

_____ \$450 Full Payment Plan

_____ \$475 Optional Payment Plan (\$237.50 due Nov. __, 2019 & \$237.50 due Dec. __, 2019)

In the event an extended stay is necessary, participant is responsible for additional expenses incurred.

EMERGENCY CONTACT:

Name(s) _____ Relationship _____

Main Phone _____ Work Phone _____

Emergency Contact Name/Phone if Above Unavailable _____

I have Medical Health Insurance YES NO **Please attach a copy of your medical insurance**

Insurance Co. _____ Policy & Group # _____

Family Doctor Name _____ Phone # _____

Address, City, State Zip _____

List any major medical conditions and food restrictions (of Participant) i.e. allergies, asthma, nervous disorder, heart condition, unusual blood type, etc. _____

Waivers:

Photo Release: I hereby authorize the Catholic Diocese of Dodge City and the Archdiocese of Washington, D.C. and their agents to utilize photographic and/or video images of Participant and understand that I/Participant will receive no compensation, should any photograph and/or video of me/participant is published.

Medical Authorization: I/We understand that the Catholic Diocese of Dodge City assumes no responsibility for accidents which may occur in association with the March for Life Pilgrimage. I/We agree to use my/our personal insurance or funds to cover any such incidents. I/We understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed on the previous page. In the event those individuals cannot be reached, I/We hereby give permission to the physician or any other qualified medical staff person selected by the event leader to hospitalize, secure medical treatment, and/or order any injection, anesthesia, or surgery for Participant as deemed necessary.

Waiver: I/We do hereby release, forever discharge and agree to hold harmless the Diocese from and against any and all kind of liability, claims, demands, lawsuit, and expense of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by Participant by virtue of Participant's participation in the March for Life Pilgrimage. I/We further agree to indemnify and hold harmless the Diocese and its respective members, officers, directors and employees, agents, sponsors and promoters from any and all liability, claim, loss, damage, cost or expense and waive any such claims against persons or organizations arising directly or indirectly from or attributable in any action or omission to act of any such person or organization in connection with the sponsorship, organization and execution of the March for Life Pilgrimage.

Code of Behavior: I agree to abide by and/or instruct Participant to abide by all rules and regulations as outlined by the chaperones/representatives of the March for Life Pilgrimage. I agree that if I fail to abide in any way by the rules, that I can be dismissed from the event and sent home immediately at my/participant's expense with no right of reimbursement or refund for any amount in connection therewith from the Diocese or its representatives.

THIS FORM MUST BE NOTARIZED

SIGNATURE OF PARTICIPANT _____ **DATE:** _____

The foregoing waiver was duly sworn and acknowledged before me this ____ day of _____, 20__.

Signature of Notary Public _____ Print Name _____

NOTARY COUNTY OF _____ ; STATE OF _____

SEAL:



Adult participants will: promise to strictly follow these policies and the following standards as a condition of my providing services as an adult participant/chaperone. I will conduct myself in a manner that exhibits the highest Christian ethical standards and avoid even the appearance of impropriety.

Adult participants will:

- Report suspected abuse of any minor to the appropriate authorities
- Complete Protecting God’s Children course (applies to all participants over 18 years of age)
- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration
- Honor the equality of all people, avoiding all forms of discrimination and respecting the dignity of each person without regard to economic status, age, gender, race, ethnicity, religion, sexual orientation, or physical or mental abilities
- Use positive reinforcement and communication rather than criticism, unhealthy competition, or comparison
- Become thoroughly familiar with the objectives and guidelines of the program in which I am participating and strive to achieve these objectives and communicate them appropriately
- Be aware of and adhere to emergency plans and evacuation routes
- Be responsible and/or accountable for stewardship of all resources entrusted to my care
- Uphold the authority of those responsible for the March for Life by participating and assisting them in every way to encourage learning and to provide a safe pilgrimage
- Avoid any form of excessive familiarity, inappropriate language, or any situation and conduct that exploits or could give the appearance of exploiting another
- Follow practices that consistently exhibit no tolerance for any form of abusive behavior
- Respect the bus captain and bus driver and be a support to them

Adult participant will not:

- Allow youth/male female seat partners on the bus between the hours of sunset to sunrise
- Use physical affection to initiate inappropriate contact with minors
- Use, purchase, possess, distribute, or be under the influence of tobacco or tobacco less products, alcohol, illegal drugs, or pornography while supervising minors or while participating in the March for Life pilgrimage
- Humiliate, ridicule, threaten, demean, nor degrade minors or others nor tolerate such behavior in the environment for which I am responsible
- Use physical discipline in any way for behavior management of minors. No form of physical discipline is acceptable. This includes but is not limited to spanking, slapping, pinching, shaking, hitting or any other physical force as retaliation or correction for inappropriate behavior of a minor
- Use vulgar language or profanity in any form in the presence of minors.

I hereby represent that I am not currently being investigated for, nor have I ever been convicted of any criminal acts; I have never been terminated from employment or a volunteer position for reasons related to allegations of physical or sexual abuse by me; nor have I sought or received any medical, physical, or psychological treatment for reasons involving physical or sexual abuse by me.

I understand that my failure to agree to and abide by the Adult/Chaperone Responsibilities will bar me from participation in the March for Life Pilgrimage event. I also understand that should I violate any of these responsibilities while on the Pilgrimage I can be sent home at my own expense.

Signature _____ Date _____

Print Name _____ Date _____