

## PERMISSION FORM / CODE OF BEHAVIOR

I, \_\_\_\_\_, intend to travel to HARLAN, KY JUNE 11-17. I hereby release and indemnify St. Elizabeth Seton, its staff, volunteers, and the Diocese of Joliet, from any and all liability arising from claims of any kind or nature whatsoever from my participation in this event.

**Videotaping & Still Photographs:** Video and still photos will be taken during this event. Event registration constitutes permission for possible participation in the videotape and -- or still photographs. These may be used for future promotional efforts.

**Code of Behavior:** You are representing Youth Ministry in our parish and our diocese during this event. We expect that you will display a mature and responsible behavior that for many years has been the trademark of Catholic youth and adults of our diocese.

Participants are expected to adhere to the following:

1. All participants are expected to arrive on time. Your parish leader(s) will communicate these times to you.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Dress should reflect the value of modesty.
  - a. Writing on clothing must reflect Christian values
  - b. Caps, hats, and other headgear are not permitted during prayer and liturgy celebrations
4. Littering is not permitted.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug by an individual is not permitted. Tobacco smoking is also not permitted.
6. Weapons and/or drug paraphernalia of any kind are not allowed.
7. Infraction of these rules can mean immediate dismissal w/o refund. I am responsible for any costs associated with this dismissal, including, but not limited to, all travel expenses.
8. Participants will be responsible to local authorities as well.

*I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return to RE Office*

ADULT LIABILITY WAIVER

PARISH TRANSPORTATION

RELEASE OF LIABILITY

I, \_\_\_\_\_, agree on behalf of myself, my heirs, assigns,  
*Full Name*

executors, and personal representatives, to hold harmless and defend

\_\_\_\_\_, Diocese of Joliet, its officers,  
*Parish*

directors, agents, employees, or representatives associated with parish

transportation programs from any and all liability claims, loss or damages arising

from or in connection with my participation in parish transportation programs.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

**DO NOT RETURN THIS FORM TO THE RE OFFICE  
PLEASE RETURN THIS TO YOUR AREA CAPTAIN ON HARVEST SUNDAY**



# Diocese of Joliet

Religious Education Office  
430 North Center Street  
Joliet, Illinois 60435

815-727-6411  
Fax 815-722-7361

## DRIVER INFORMATION FORM

PARISH \_\_\_\_\_ CITY \_\_\_\_\_

### DRIVER'S INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Social Security # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

### VEHICLE THAT WILL BE USED

Name of Owner \_\_\_\_\_ Vehicle Model \_\_\_\_\_

Address of Owner \_\_\_\_\_ Vehicle Make \_\_\_\_\_

\_\_\_\_\_ Vehicle Year \_\_\_\_\_

License Plate # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Registration Expiration Date \_\_\_\_\_

[If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle]

### INSURANCE INFORMATION

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Date of Policy Expiration \_\_\_\_\_

Liability Limits of Policy \_\_\_\_\_

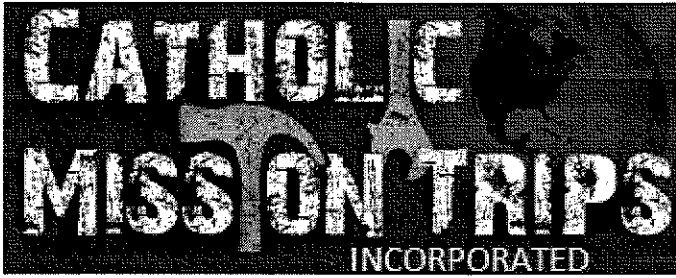
*Please note – The minimal, acceptable liability limit for privately owned vehicles is \$100,000/300,000.*

### CERTIFICATION

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students.

Signature \_\_\_\_\_

Date \_\_\_\_\_



Catholic Mission Trips, Inc.  
12063 O'Bannon's Mill Rd.  
Boston, VA 22713  
www.catholicmissiontrips.net

#### EMERGENCY RELEASE AND RIGHT OF REPRESENTATION

I, \_\_\_\_\_, in consideration of my participation on this mission trip to \_\_\_\_\_ on \_\_\_\_\_ - \_\_\_\_\_ 20\_\_\_\_, represent and agree that:

1. I am prepared physically, emotionally, mentally and spiritually for this trip. The scheduling, environment and other foreign country and travel conditions are not adverse to me. I will be flexible and have a servant attitude.
2. I grant to any of the Catholic Mission Trips, Inc., leaders or their contracted agents the right to represent me in decisions relating to my welfare or the group welfare during the trip. I will follow the suggestions made on my behalf.
3. I understand the administrative role that Catholic Mission Trips, Inc., plays in putting together our mission trip. I also understand that the mission trip will be handled by a representative Catholic Mission Trips, Inc., and I will follow all rules and guidelines stated either orally or written in the Disciplinary Form.
4. I hereby grant any of the Catholic Mission Trips, Inc., leaders or their contracted agents my permission to authorize medical treatment and medication on my behalf. I will not hold any of the Catholic Mission Trips, Inc., leaders or their contracted agents responsible for the results of such treatment, medications or decisions made on my behalf.
5. I am aware of the hazards and risks to myself and property associated with this mission trip. I have read the U.S. State Department's Travel Advisory (if any) for this country found at [http://travel.state.gov/travel\\_warnings.html](http://travel.state.gov/travel_warnings.html). These risks include, but are not limited to, death or injury by accident, disease, terrorist acts, weather conditions, and inadequate medical services and supplies. I accept these conditions with full awareness and I assume all risks of death, injury, illness, terrorist assaults, and personal property loss or damage associated with such risks.
6. I attest and certify that I am physically fit and have no medical conditions that would prevent me from performing my assigned duties which may include long hikes, high altitude, heat, limited and infrequent meals. I am aware of the disease risks associated with foreign travel and I accept these risks.
7. I waive any and all claims for damages against Catholic Mission Trips, Inc., Mission Trips, Inc., leaders, or their contracted agents, arising from death, injury, illness, inconvenience, or in property damage or loss occurring as a result of this mission trip for any reason including but



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not limited to any negligent act or acts of Catholic Mission Trips, Inc., Catholic Mission Trips, Inc., leaders or their contracted agents which may in any way cause death, injury, illness, inconvenience or property damage or loss to me. I have read this release in its entirety, understand its contents and agree to them of my own free will.

8. Governing Law/Venue: In accepting service from us then this agreement shall be governed only by the laws of the State of Texas. Venue for any action hereunder shall be in Collin County, of the State of Texas.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**Notary Acknowledgement**

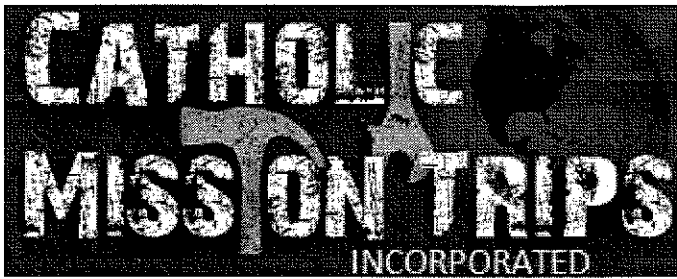
STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public in and for said state, personally appeared known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposed therein stated.

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_

Please return to: Catholic Mission Trips, Inc.  
12063 O'Bannon's Mill Rd.  
Boston, VA 22713



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## Code of Conduct

1. I agree to treat other participants, leaders, staff, residents, and our hosts with respect and understand that all adult leaders have the authority to discipline me.
2. I will not leave my sleeping area after lights out, or before sunrise.
3. I will not leave the outlined or defined areas without an adult chaperone.
4. I will always follow the schedule and guidelines given to me.
5. I understand that alcohol, weapons, fireworks, tobacco products of any kind, illegal drugs, and profane or abusive language are not allowed at any time during this mission trip. I further understand that all prescription drugs must be dispensed by an adult leader.
6. I understand that I represent **Catholic Mission Trips, Inc.**, and agree to behave in a Christian and positive manner at all times. I further agree to **dress appropriately** during this activity. (Ladies shorts must be no more than 2 inches above the knee or Basketball shorts, T-Shirts must have sleeves or covered shoulders)
7. Public display of affection (PDA's) and sexual indiscretion (including inappropriate touching) is prohibited at all times and in all cases.
8. No participant under the age of 21 is allowed to leave without an adult's permission and supervision.
9. In the event of an emergency or other need to contact any participants, the staff must know where I can be located, therefore I agree to stay with my assigned group at all times.
10. By attending this function, all participants agree to stay until the function's conclusion, unless they have a medical emergency.
11. I realize that my parents and I will be financially responsible for any damage I do to property, facilities, or vehicles.
12. I understand that if I **choose** to violate any part of this Code of Conduct, I run the risk of having my parents notified by phone, and that I may be sent home on the first available flight or bus, at my parent's expense. (This determination will be left to the discretion of the Catholic Mission Trips, Inc., director and the parish trip coordinator.)

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Participant Signature

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Parent Signature



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**Catholic Mission Trips, Inc.**

**Disciplinary Form**

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ Year of Graduation \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_ (parent's name) give permission to my above named son/  
daughter to go to Catholic Mission Trips, Inc., \_\_\_\_\_ Mission Trip. If my son or  
daughter does not follow the rules and regulations either stated orally or written below, I give  
Catholic Mission Trips, Inc.'s, director or employees the authority to fly my son or daughter  
home at my own expense.

My child agrees to abide by all the rules and regulations stated by Catholic Mission Trips, Inc.,  
and the Staff whether in this form or verbal. I understand that Catholic Mission Trips, Inc., will  
not be liable if my child fails to abide by the regulations, and that any infraction of the rules  
may result in immediate dismissal from this activity at my expense. I relieve Catholic Mission  
Trips, Inc., and its staff members of all responsibility and consequence that may arise as a re-  
sult of this action.

**Parent's/ Guardian's Signature** \_\_\_\_\_

**Participant's Signature** \_\_\_\_\_

**Parent's Secondary Phone Number** \_\_\_\_\_