

Adult Form Name: _____

Resurrection Youth Group
Mission Trip to Lapwai Idaho
June 8 - 16, 2025



Cost: \$500.00

IDAHO MISSION TRIP 2025 ADULT PARTICIPANT INFORMATION

PLEASE PRINT

NAME (as it appears on your ID)	
ADDRESS	
HOME PHONE	
CELL PHONE	
EMAIL	
RESURRECTION PARISHIONER	YES OR NO
FINGERPRINTED	YES OR NO
VIRTUS TRAINING	YES OR NO
DRIVER TRAINING	YES OR NO
T-SHIRT SIZE	SMALL MEDIUM LARGE
	X-LARGE XX-LARGE
MEAL PREFERENCE	VEGETARIAN OR CARNIVORE
PAYMENT AMOUNT RECEIVED	

ADULTS:
PLEASE FILL OUT RED SECTIONS

DIOCESE OF MONTEREY
PERMISSION WAIVER AND RELEASE & CONSENT FOR TREATMENT FORM
FOR PARISH/SCHOOL ACTIVITY/EVENT

To the Parent/legal guardian: This is an agreement releasing the sponsoring parish/school before, during and after the activity/event. This form is also authorization for the adult supervisor to consent to any medical care needed by the minor, if the situation should arise.

This agreement releases the DIOCESE OF MONTEREY PARISH & SCHOOL OPERATING CORPORATION, also known as the DIOCESE OF MONTEREY, which will be referred to as the DIOCESE OF MONTEREY throughout this document, from any claims that the parent/guardian may have against the DIOCESE OF MONTEREY.

Activity/Event: Idaho Mission Trip	Date: June 8-16, 2025
	Mode of Transportation: Train/Vans

I, _____ (name of parent or legal guardian) parent or legal guardian of _____ (name of child/ren) hereby give my permission for my child/ren to participate in the youth activity named above. I agree to direct my child/ren to cooperate and conform with directions, instructions and rules established by the chaperones, parish, school or diocesan personnel responsible for the above mentioned youth activity.

In exchange for permitting my child/ren to participate in the above named activity, to the extent permitted by law, I waive all claims for damages which I may have, or which may hereafter accrue to me or my child/ren against the DIOCESE OF MONTEREY, for death, personal injuries, and losses or injuries to property, real or personal, caused by or arising out of the above named activity/event. It is further understood and agreed that this agreement, waiver and release is to be binding on my successors, heirs and assigns.

In addition, to the extent permitted by law, I release and discharge in advance the DIOCESE OF MONTEREY and its officers, agents, employees, from any and all liability relating to the above named activity.

I agree and understand that transportation may be provided in such form and at the discretion of the DIOCESE OF MONTEREY.

My child/ren is/are physically fit and capable of participation in this event.

I authorize a representative of the DIOCESE OF MONTEREY into whose care the above named minor/s has been entrusted, to consent to and permit any and all necessary medical services for my child/ren to be rendered to him/her under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act, to consent to and permit any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to my child/ren by a dentist licensed under the provisions of the Dental Practice Act. I hereby give the representative of THE DIOCESE OF MONTEREY permission to use his/her judgment in obtaining medical services. I agree if medical services are required for my child/ren, THE DIOCESE OF MONTEREY will not be responsible for any medical expenses.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned diocesan representative to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his/her best judgment may deem advisable.

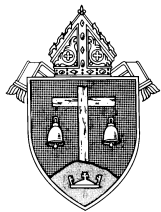
I hereby authorize any hospital which has provided treatment to the above named minor/s pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor/s to the diocesan representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

This authorization shall be in effect during all time that my child/ren is/are under the supervision of THE DIOCESE OF MONTEREY for the above mentioned event and shall remain effective until the minor/s returns from the event and is/are no longer under the supervision of the DIOCESE OF MONTEREY.

This waiver and release form is signed in order to participate in the above named event for my child/ren's own personal enjoyment and benefit and is done freely with full knowledge of the risk and dangers that are or may be involved. I, the undersigned, have read this release and understand all of its terms. I execute this voluntarily and with full knowledge of its significance. I have discussed the above with my child/ren and he/she is aware of and understand the importance of following all rules set out by the supervisor(s).

Signature of Parent/Guardian: _____ Date: _____

Child's Name: _____	Date of Birth: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's Name: _____	Date of Birth: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's Name: _____	Date of Birth: _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Allergies (foods, drugs, insects, etc.) _____ Medications (name, dosage, reason) _____		
Other information (injuries) or special health/physical conditions: _____		
Insurance Information:		
Insurance Carrier (Dependent Coverage): _____	Name of Policy Holder: _____	Policy Number: _____
Persons Authorized to Pick-Up Children:	Name: _____	Phone: _____
	Name: _____	Phone: _____
My Child/ren may walk home from this program. <input type="checkbox"/> My Child may drive him/herself home from this program. <input type="checkbox"/> My Child requires a Child Safety Seat.		
Person(s) to notify in case of an emergency:		
Name: _____	Day Phone Number(s) _____	Evening Phone Number(s) _____
Name: _____	Day Phone Number(s) _____	Evening Phone Number(s) _____
Child/ren's Doctor: _____	Phone Number: _____	
Child/ren's Dentist: _____	Phone Number: _____	



CODE OF CONDUCT: CHAPERONES / LEADER

1. I agree to be responsible for the participants assigned to me.
2. I agree to follow the requirements of the Diocese of Monterey's *Safe Environment Program*.
3. I agree to be a good role model in my interactions with the all on this trip by the following:
 - a. Dressing appropriately
 - b. Not consuming alcohol
 - c. Not smoking
 - d. Not using illegal drugs
 - e. Not possessing a weapon
 - f. Being respectful to all children, adults and others I may encounter on this trip.
 - g. Not enter the ocean.

Parish: _____ City: _____

Signature of Participant: _____ Print Name: _____

Event: Idaho Mission Trip: June 8-16, 2025 Date: _____



Permission to Release Photographs 2025

There are occasions when the Diocese of Monterey (which includes Resurrection Church) would like to use pictures taken at the parish for newspaper articles, videos, websites, brochures or other publications.

I authorize and give my permission for the Diocese of Monterey to use any photos taken of myself or my children in any newspaper articles, videos, websites, brochures or other publications.

Print Name

SIGNATURE

Parent/Guardian or Leader

Participant(s)

Resurrection Church

Aptos, CA

Parish / School

City

Date: _____