

NCYC 2025 Diocesan Consent/Waiver Form

Thank you for allowing me or my son/daughter, _____, the opportunity to participate in NCYC 2025 Indianapolis, IN. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor/participant. In consideration for the numerous intangible spiritual and personal benefits which will be received from this opportunity, I hereby offer the following:

I give permission for my son/daughter to participate in NCYC 2025 at the Indiana Convention Center and Lucas Oil Stadium, and I hereby release the Diocese of Des Moines, and all staff, agents, and volunteers from any and all liability for accident or injury which might occur to my child/myself, at any time during NCYC 2025 and/or during transportation to/from NCYC 2025.

I understand that first aid treatment will be offered in case of injury or illness and if serious illness or injury develops, medical and/or hospital care will be given. I further understand that in case of serious injury or illness, reasonable attempts will be made to notify me. I give permission for emergency treatment or surgery as recommended by the attending physician. I furthermore understand that I am responsible for any doctor, medical, hospital, and/or ambulance fees arising from the treatment of my child/myself.

I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns, to hold harmless and defend _____ (INSERT NAME OF PARISH), its officers, directors, employees and agents and the Diocese of Des Moines, its employees and agents, chaperones, or representatives associated with NCYC 2025, from any claim arising from or in connection with my child attending NCYC 2025 or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Diocese of Des Moines, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which the Diocese may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish or the Diocese of Des Moines.

If my child/myself is potentially symptomatic of COVID or other flu-like illnesses, I give permission to isolate them from the group into one of the hotels' "quarantine rooms" and for the medical consult on-site to meet with my child/myself and delegation leadership to determine a plan moving forward. I understand that all decisions about long-term isolation will be made on a case-by-case basis using multiple factors which may include the vaccination status of my child/myself, their symptoms, their eating/sleeping/drinking history at NCYC, and consultation with myself/or medical staff on-site. If this is the case, I acknowledge and agree that as the parent/or legal guardian of my child, I am responsible for finding private transportation home from Indianapolis.

Name of NCYC Participant: _____

Signature of Participant/Parent or Legal Guardian: _____

Date: _____

Photo Release: I hereby authorize the Diocese of Des Moines and its agents to utilize my child's photographic image for the specific purpose of publication of promotional material and the Diocese of Des Moines website. I understand that I will receive no compensation, should any photograph of my child be used.

_____ Yes _____ No