



Archdiocese of Grouard-McLennan Extra-diocesan Youth Event

**Extra-diocesan Youth Event Waiver
Personal Waiver and Acknowledgment of Risk**

Event name: _____
Event location(s): _____
Event date(s): _____
Purpose of event: _____
Method(s) of transportation: _____
Leader/Head supervisor: _____
Total # of supervisors and/or chaperones: _____
Cost per person (estimate): _____

Potential Known Risks

Risk	Potential harm

The Archdiocese of Grouard-McLennan will make every reasonable effort to ensure or ascertain that:

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The youth participants (i.e. <18 years of age) are adequately supervised over all aspects of the event.
- c. The locations and sites visited and/or used are appropriate for the activities and group.
- d. Equipment used has been inspected and deemed appropriate and safe.
- e. A Safety Plan is in place to identify and manage known potential risks (as described above.)
- f. An Emergency Plan is in place to deal with injury or illness of any of the group members, and especially youth.

Personal Consent:

1. I accept the mode(s) of transportation provided for the event.
2. I acknowledge my rights and responsibilities to obtain as much information as I require about this event and associated risks and hazards, including information beyond that provided to me by the Archdiocese or group organizers.

3. I freely and voluntarily assume the risks/hazards inherent in the event and understand and acknowledge that I may suffer personal and potentially serious injury arising from my participation.
4. I have been informed of the rules and regulations, and I will abide by these rules and regulations, and any additional directions and instructions from the group leaders, supervisors and chaperones and service provider's administrators, instructors, and supervisors over all phases of the event.
5. In the event I fail to abide by these rules and regulations, disciplinary action may require my exclusion from further participation.
6. I acknowledge that it is my duty to advise the group leader/the Archdiocese of any medical and/or health concerns of mine that may affect my participation.
7. I acknowledge that the Archdiocese may choose to cancel the trip if travel conditions are deemed unsafe (e.g. weather, health advisory, security.) I accept that the Archdiocese may not be liable for any costs associated with such a cancellation.
8. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my immediate health and safety, and that I shall be financially responsible for such services.
9. I have obtained travel medical insurance and personal liability insurance for myself. The Certificate of Travel Medical Insurance and Certificate of Personal Liability Insurance are attached to this form.

Name of Adult Participant

Signature of Adult Participant

Date