

**March for Life Bus Trip Participation Agreement**  
**Archdiocese of Chicago**  
**Respect Life Office & Office of Catechesis**

**Adult Participant** (ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING – 18 AND OVER)

Please return by mail with all group information, if applicable, to Respect Life Office, 3525 S. Lake Park Ave., Chicago, IL 60653. Please submit all group information together.

**\*\*Please Return by December 14, 2009, with \$275 payment for the Trip\*\***

**Information**

Group Name: \_\_\_\_\_

Group Leader: \_\_\_\_\_

**Check one of the following:**

- Chaperone (over 21 and in charge of teens)
- Young Adult
- General Adult (Over 40 years of age)

ALL participants age 18 and over are required to complete online background check and DCFS background check with Archdiocese by December 14th.

**Participant Information**

Name: \_\_\_\_\_  
(first) (middle Initial) (last)

Name for Identification Badge: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Please send me periodic emails from the Respect Life Office \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

\* All participants with cell phones are strongly encouraged to bring them on the Pilgrimage.

**THIS FORM IS DOUBLED-SIDED . Please be sure to complete page 2 on reverse side.**

**Archdiocese of Chicago/Respect Life Office & Office of Catechesis  
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**Medical History:**

**(PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES.)**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Needs: \_\_\_\_\_

**In the event of an emergency contact the following:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Character references**

Please provide two non-relative character references:

Name: \_\_\_\_\_ Title/Relationship : \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title/Relationship : \_\_\_\_\_ Number: \_\_\_\_\_

**Agreements**

1. In signing this form, I hereby state that the information included in this form is correct.
2. In the event that I am not coherent or conscious, I hereby grant the staff, volunteers or agents of the Archdiocese of Chicago permission to act on my behalf in seeking emergency medical treatment for myself in the event that such medical treatment is deemed necessary.
3. I agree to accept any and all financial responsibility as a result of emergency medical treatment.
4. I recognize that there are risks inherent in participation in any activity and agree to hold the Archdiocese of Chicago, its affiliates and its and their employees, volunteers and agents, harmless from any injury to myself or damage to or loss of my personal property not caused by the negligence or misconduct of the Archdiocese of Chicago, its affiliates and its and their employees, volunteers and agents.
5. I understand that for all Youth Ministry and Respect Life Office activities there is a zero tolerance policy for the use of any mood altering chemicals (including alcohol and illegal drugs), foul language, threats or any type of abuse and inappropriate physical contact. I agree to follow this policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_