

**NATIONAL BLACK CATHOLIC CONGRESS (NBCC)  
LIABILITY WAIVER AND PERMISSION FORM**

ADULT CHAPERONE PARTICIPANT

Arch/Diocese of \_\_\_\_\_

Parish/School \_\_\_\_\_ Region \_\_\_\_\_

**INSTRUCTIONS:** A separate copy of this waiver must be completed and signed by each adult chaperone traveling to the hereinafter described Conference and by the local diocesan compliance officer or the adult chaperone will not be permitted to attend the Tenth National Black Catholic Congress (NBCC) Conference and Youth Track Conference (the "Conference") sponsored by the NBCC. Because it contains emergency contact information, it is advisable to keep a copy of this signed waiver in your possession at all times during the Conference. By signing this waiver, you agree that you may be giving up legal rights and remedies available to yourself and your family. Read and complete this waiver carefully. If you have questions, contact an attorney.

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

**A) EMERGENCY CONTACT NAME AND TELEPHONE NUMBERS:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PH: \_\_\_\_\_ CELL PH: \_\_\_\_\_

**B) IF "A" UNAVAILABLE, ALTERNATE EMERGENCY CONTACT NAME AND TELEPHONE NUMBERS:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PH: \_\_\_\_\_ CELL PH: \_\_\_\_\_

**NATURE OF THE CONFERENCE EVENT:** I understand that the Conference is a private event sponsored by the NBCC and its member Roman Catholic (Arch) Dioceses are private events. It will be held at the Buffalo Convention Center and Hyatt Regency Buffalo Hotel, in Buffalo, New York, July 12-15, 2007, some 3,000 youth and adults will attend over four days, and as a condition of using the Facilities, the Facilities require the Conference to retain outside security and medical personnel whose actions may be beyond our control. The Conference will be in session from approximately 3:00 pm – 11:00 pm on day one, 7:30 AM-11:00 PM on day two, 7:30 AM-11:00 PM on day three, and 7:30 am – noon on day four excluding breaks for meals and recreational activities.

Nature of Risks: I understand that voluntarily traveling to and attending a Conference of this nature may involve certain risks beyond the reasonable control of NBCC, its officers, directors, volunteers and agents in connection with the Conference ("NBCC et al.") and the above named (Arch)Diocese and all parishes within it, and their respective officers, directors, volunteers and agents, and chaperones or representatives associated with the Conference ("Arch)Diocese et al."), including but not limited to accidents, emergencies, exposure to reckless conduct of other persons, and/or negligence of the security and medical personnel, and that NBCC et al. and the Diocese et al. disclaim any and all responsibility for any such risks. I understand that I will sometimes be at the Facilities, and at other times may be at other places such as hotels or on tourist excursions in or about Buffalo. Participation in recreational or other activities away from the Facilities is at your own risk and subject to all terms and conditions set by any recreational or other activity provider.

**WAIVER OF LIABILITY/HOLD HARMLESS:** By signing this liability waiver, I agree and acknowledge that I may be giving up important legal rights and remedies available to myself, my family, my heirs, successors, and assigns.

For value received, I agree on behalf of myself, my heirs, executors and personal representative ("Our Behalf") that I assume all risks and waive any liability of any nature whatsoever against and agree to hold harmless NBCC et al. and the Diocese et al. with respect to any and all actions, claims or demands that may be made or brought on Our Behalf against NBCC et al. and/or the Diocese et al. arising out of or in connection with travel to or attendance at the Conference, or any other activity I may engage in while in the Buffalo area.

Further, for value received, for any injury to third parties that may arise because of my own actions or omissions, I agree to hold harmless, save and defend NBCC et al. and the Diocese et al. with respect to any and all actions, claims, expenses or demands arising therefrom that may be made or brought against NBCC et al. and/or the Diocese et al., including but not limited to reasonable attorneys' fees and expenses arising in connection therewith.

OVER--THIS FORM CONTINUES ON THE NEXT PAGE.

NBCC LIABILITY WAIVER AND PERMISSION FORM (ADULT CHAPERONE PARTICIPANT) - *continued*

**MEDICAL PERMISSIONS (LIMITED):** As a condition of attending the Conference at the Facilities, I grant permission in the event of an emergency or accident rendering me unconscious for emergency medical care to be administered to me within the Facilities and/or during or after transportation to a hospital or doctor for emergency medical care. I understand that in New York a person may claim Good Samaritan defenses for providing in good faith gratuitous emergency care at the scene of any emergency or accident. I further understand that it is not the responsibility, NBCC et al. or arch/diocese responsibility to attempt to reach my emergency contacts and that I remain responsible for my own medical expenses.

**NBCC GUIDELINES FOR DIOCESAN ADULT CHAPERONES:** While I agree that at all times my actions as a chaperone will be subject to the supervision and control of my Diocese, I also agree to abide by all rules and regulations as outlined in the NFCYM Adult \_\_\_\_ Participant Code of Conduct ("Code") a copy of which is attached. I acknowledge receiving and reviewing the code prior to signing this waiver. I agree that if I fail to abide in any way by the Code, that I may be dismissed from the Conference with no right of reimbursement or refund for any amount in connection therewith from NBCC et al.

**CONFERENCE FEE NONREFUNDABLE:** I agree that if I suffer an illness and leave the Conference, if there is an accident or emergency requiring me to leave the Conference, if I violate the Code, or if the Conference must be discontinued in event of an accident or emergency, I will return home at my expense, and I assume the risk of any loss of any nonrefundable or additional costs associated with travel and fees for the Conference, with no right of reimbursement or refund for any amount in connection with therewith from NBCC et al. or the Diocese et al.

**INSURANCE:** Please visit the Access America website ([www.accessamerica.com](http://www.accessamerica.com)) or call them directly (800-284-8300) for a description of the travel insurance benefits and assistance services offered. Please indicate below:

\_\_\_\_\_ YES, I have purchased a travel insurance package from Access America and have paid the fee for this directly to Access America in order to manage any risks I may experience by attending the Conference.

\_\_\_\_\_ NO, I declined to purchase an insurance package, but acknowledge that I was offered and declined this risk management opportunity.

I fully understand the consequences of and sign this LIABILITY WAIVER AND PERMISSION knowingly, freely, and willingly.

Signature of Adult Participant: \_\_\_\_\_ Date: \_\_\_\_\_

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

**THIS FORM MUST BE SIGNED AND APPROVED BY YOUR LOCAL DIOCESAN COMPLIANCE OFFICER:**

Approved by: (Arch) Diocese of: \_\_\_\_\_

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

Return signed form to the NBCC official meeting planner:

**National Black Catholic Congress**

Attn: Marydel Gaiser

125 Dolphann Drive

Tonawanda, NY 14150-4629