

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

YOUTH PARTICIPANT

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

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

**INSTRUCTIONS:** A separate copy of this waiver must be completed and signed for each child attending the NBCC Conference or the child will not be permitted to attend the Tenth National Black Catholic Congress Conference and Youth Track conference. 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. In addition to being signed by the Youth Participant, this waiver must be signed by a parent/legal guardian.

NAME: \_\_\_\_\_ ("Youth Participant")

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:** The undersigned understands 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 (Arch) Diocese et al. disclaim any and all responsibility for any such risks. The undersigned understands that sometimes the events will 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, the undersigned agrees and acknowledges that important available legal rights and remedies are being given up.

For value received, the undersigned agrees on behalf of themselves, their heirs, and personal representatives ("Our Behalf") that they assume all risks and waive any liability of any nature whatsoever against and agree to hold harmless NBCC et al. and the (Arch) 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 (Arch) 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 the Youth Participants actions or omissions, the undersigned agrees to hold harmless, save and defend NBCC et al. and the (Arch) 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 (Arch) 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 (YOUTH PARTICIPANT) - *continued*

**MEDICAL PERMISSIONS (LIMITED):** As a condition of attending the Conference at the Facilities, the undersigned grant permission in the event of an emergency or accident rendering the Youth Participant 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. The Undersigned understands 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. The undersigned further understands that it is not the responsibility of NBCC et al. or (arch/diocese) to attempt to reach my emergency contacts and that the undersigned remain responsible for medical expenses.

**NBCC CONFERENCE CODE OF BEHAVIOR FOR CHILDREN:** Parent/Legal Guardian agrees to instruct the Youth Participant to abide by all rules and regulations as outlined in the National Federal Catholic Youth Ministry (NFCYM) Youth Participant Code of Conduct (the "Code") a copy of which is attached hereto. The undersigned agrees that if the Youth Participant fails to abide in any way by the Code, that the Youth Participant can be dismissed from the Conference and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund any amount in connection therewith from NBCC, et.al.

**YOUTH:** As a participant in the Conference, the Youth Participant understands and agrees to conform to the Code and understands and agrees that the parent/legal guardian will be notified at the time of any infractions requiring my dismissal from the Conference and that I will be sent home at my parent/guardian's expense. Among other things, being found with any alcoholic beverages, drugs, weapons is cause for automatic dismissal from the Conference.

**CONFERENCE FEE NONREFUNDABLE:** The undersigned agrees that if the Youth Participant suffers an illness requiring him/her to leave the Conference, if there is accident or emergency requiring the Youth Participant to leave the Conference, if the Youth Participant violates the Code, or if the Conference must be discontinued in event of accident or emergency, the Youth Participant must return home at the undersigned's expense, and the undersigned assumes the risk of loss of any non-refundable 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 (Arch) 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.

The undersigned fully understands the consequences of and signs this Liability Waiver and Permission knowingly, freely and willingly.

Signature of Parent/Legal Guardian: \_\_\_\_\_

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

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of Youth Participant: \_\_\_\_\_

Printed 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