Our Lady of Lourdes Hospitality
North American Volunteers

A Public Association of the Christian Faithful and the First American Lourdes Hospitality

APPLICATION AGREEMENT:

I am responsible for myself, and I understand I am traveling at my own risk and expense, OR I am a parent/legal guardian assuming the risk and cost for the minor listed on the application.

For minors - I, the parent/guardian, understand and agree that I will make and pay for travel arrangements for my minor to return home early, if necessary. I know this will only happen if the adult leadership team and the priest agree it is best for my child and the pilgrimage.

I agree to hold harmless Our Lady of Lourdes Hospitality North American Volunteers, ltd., and all its medical professionals, to include but not be limited to: physicians, nurses, nurse practitioners, physician assistants, paramedics, emergency medical technicians, physical therapists, respiratory therapists, paraprofessionals, practitioners or retirees, licensed and unlicensed, from medical, malpractice or financial liability or responsibility that may occur and/or result in any claim I or any third person might make on my behalf or behalf of my estate.

I agree to hold harmless Our Lady of Lourdes Hospitality North American Volunteers, ltd., all staff, volunteers, assistants, youth helpers, companions, caregivers, leadership, agents, directors, officers and all others serving before, during and after pilgrimage on which I participate from any financial liability or responsibility that may occur or result in any claim I or any third person or party might make on my behalf or the behalf of my estate.

I further agree to indemnify Our Lady of Lourdes Hospitality North American Volunteers, and all associated persons, from any litigation and all liability or financial responsibility that may occur because of any claim I or any third person or party might make on my behalf or on behalf of my estate.

I agree to abide by the Roman Catholic Diocese of Syracuse's *Diocesan Child and Youth Protection Policy* and *Code of Conduct*.

I understand that the Bishop of Syracuse mandates that this *Policy* and *Code of Conduct* be implemented in any program or ministry occurring under the auspices of the diocese, including Our *Lady of Lourdes Hospitality*.

I understand that non-compliance with this *Policy* and/or the *Code of Conduct* may result in the inability to participate in future pilgrimages with *Our Lady of Lourdes Hospitality*.

HEALTH INFORMATION, PRIVACY, AND PERMISSION AGREEMENT

I understand that the information obtained through the completion of the General Application and Health Information forms assists North American Lourdes Volunteers in their efforts to evaluate potential care needs that I may require during my participation in any pilgrimage.

I understand that all records will be handled confidentially by North American Lourdes Volunteers staff, volunteers, and the Medical Committee, who agree to process and use this information solely for my benefit. During travel, all medical records will be held in the control of the pilgrimage leadership and may be disclosed to anyone who provides emergency or non-emergency medical assistance to me.

I certify, to the best of my knowledge, that all medical information provided on the Health Information form is complete and accurate. If, after I sign this form, I become aware of any error(s) or omission(s) of information, I will send the information necessary to correct the error or supply the omitted information.

I will notify North American Lourdes Volunteers in sufficient detail to allow them to reevaluate my ability to participate in the pilgrimage safely should any changes to my health occur prior to or during the pilgrimage.

I certify I am physically able to travel to Lourdes and participate in all pilgrimage activities, OR information has been provided about my physical limitations and/or ability to participate in pilgrimage activities.

I permit North American Lourdes Volunteers to contact my physician(s) and health care provider(s) to exchange health information necessary for the assessment, evaluation, and administration of my care during travel and while on pilgrimage.

Further, I permit the release of any records necessary to North American Lourdes Volunteers for such assessment, evaluation, and supportive care, as well as for referral, medical billing, or insurance purposes.

I permit North American Lourdes Volunteers to initiate and/or coordinate/supervise the provision of any emergency care I may require during pilgrimage. I understand that reasonable effort will be made to contact my listed emergency contact person(s) if emergency medical care is needed.