

**CHAPERONE FINANCIAL RESPONSIBILITY WAIVER
CATHOLIC DIOCESE OF EVANSVILLE**

Adult's Name _____

School/Church _____ City _____

Event _____

Date(s) of Event _____

I, an adult chaperone in full possession of all of my mental faculties, assume full and total responsibility for any and all financial costs incidental to my failure to observe appropriate conduct for this event. By signing this form, I attest that I am aware that any breach of the Code of Conduct of the Diocese of Evansville and/or the National Catholic Youth Conference will result in my being sent home at my/our full expense. These costs may include, but are not limited to, a full recovery of event fees, transportation costs to Evansville, Indiana, transfers (including taxis, busses, trains, and other forms of public transportation), airport fees, and conference, hotel, and airline penalties. All of my return transportation will be my own responsibility. I do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Evansville, _____ Parish, _____ Pastor and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers, including the Director of the Office for Youth and Young Adult Ministry, involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to me or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

Adult Chaperone's Signature X _____

Date _____

