



CODE OF CONDUCT, MEDICAL CONSENT AND MEDIA RELEASE STATEMENT FOR ADULTS



I, the undersigned, hereby grant permission for me (Participant) to attend and participate in the 2025 Planning Days at Legendary Lodge on August 11-12, which will require transportation away from my home church. As a legal adult myself, I remain legally responsible for any personal actions taken by Participant.

I agree on behalf of myself, my heirs or successors to hold harmless and defend my parish/school and the Roman Catholic Bishop of Helena, Diocese of Helena (Diocese), adult chaperones, and representatives associated with Planning Days, arising from or in connection with me attending the event or in connection with any illness, injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its directors and agents, and the Diocese, chaperones or its representatives for reasonable attorney's fees and expenses arising in connection therewith.

I hereby warrant that to the best of my knowledge, Participant is in good health, and I assume all responsibility for my health. In the event of an emergency, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital/doctor.

I agree to abide by all rules attached to Planning Days. Specific behaviors that are not permitted include but are not limited to: fighting, obscene language, offensive or revealing clothing, and the use/possession of illegal drugs, and weapons. I also understand that if Participant violates any of the rules, Participant may be required to leave the activity at his/her own expense.

By signing this form I understand that a picture of me and/or work or projects created by myself (e.g. still pictures, audio/video recording, etc.) may be published in print or online by my parish, school, Legendary Lodge, Diocese, The Foundation for the Diocese of Helena, Carroll College, or their agents to advance the mission and purpose of the Catholic Church. I also grant Diocese permission to share the information included on the registration form with these or other entities to advance the mission and purpose of the Catholic Church.

Participant Signature

Name (Print)

Date