

Diocese of Richmond Haiti Ministries Policy for Youth

Purpose

The following Policy has been adopted effective July 1, 2007 by the Diocese of Richmond Haiti Ministry Commission. The purpose of the policy is to provide safe traveling conditions for youth and their adult chaperones during trips to Haiti and to protect the safety of children in Haiti. The policy can also be found on the diocesan web site at www.richmonddiocese.org/haiti.

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Material referenced

Diocesan Safe Environment Regulations located on the diocesan web site
www.richmonddiocese/human/index.htm

Effective 07 /01/2007

The Diocese of Richmond Policy for Youth Travel to Haiti

In the event of a trip to Haiti sponsored by a parish, the diocese or a diocesan group/organization, youth under the age of 18 may participate under the following guidelines:

- Youth ages 15 to under 18 must be accompanied by one of the following:
 1. A parent.
 2. A designated guardian appointed by the parent through a notarized statement
 3. Chaperones from the parish or diocesan group/organization in the ratio of 4 to one.
- Youth under the age of 15 must be accompanied by a parent.
- The parent or legal guardian must provide the following diocesan written consent forms:
 1. Traveler information and Parent/Guardian Consent Form and
 2. Diocese of Richmond Youth Traveler Assumption of Risks and Release Agreement.
- All youth travelers must have international medical insurance coverage including evacuation. If the individual's insurance policy does not provide coverage, it may be purchased through MEDEX.
- All persons participating in trips to Haiti involving youth must follow all guidelines of the Diocesan Safe Environment Regulations Policy which includes background screening and VIRTUS training for those 18 and older. Please access a copy of these guidelines on the diocesan web site www.richmonddiocese/human/index.htm
- All youth and guardians/chaperones must participate in the pre-orientation session prior to the trip to Haiti.
- The adult trip leaders must provide the Office of Justice and Peace copies of the Traveler Information and Parent/Guardian Consent forms, Diocese of Richmond Youth Traveler Assumption of Risks and Release Agreements, a copy of the travel itinerary with contact numbers in Haiti and a roster of trip participants.
- The Regional Coordinator, Office of Justice and Peace responsible for the Haiti Ministry reserves the right to make a final determination concerning the participation of youth traveling to Haiti.

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Diocesan Policy for Adult Involvement with Youth in Haiti

- All diocesan sponsored volunteers working in Haiti must comply with the Diocesan Safe Environment Regulations. Volunteers must have background screening and VIRTUS training or its equivalent.
- All diocesan travelers who will be residing or working at the Orphanages in Haiti will be required to have VIRTUS training or its equivalent.

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Traveler Information and Parent/Guardian Consent Form

Name of traveler: _____

Dates of travel to Haiti: _____

Individual in charge of trip: _____

Date of Birth: _____

Address: _____

Phone: home: _____ cell: _____

Email address: _____

Name as it appears on Passport: _____

Passport number: _____

Social Security number: _____

Name of parent/guardian: _____

Parent/guardian phone home _____ cell _____

Work _____

Person to contact in case of emergency (name, phone and relationship to traveler):

Alternate person to contact in case of emergency (name, phone and relationship to traveler):

Medical information

Insurance Company: _____

Policy holder's name: _____

Relationship to policy holder: _____

Policy number: _____

Do you have Traveler's medical insurance through your provider: _____?

If not, please provide the name and phone number of the provider you have purchased Travelers medical insurance from (not an 800 number as these cannot be dialed from overseas):

Doctor's name and phone number: _____

List any allergies:

List all medications:

Is there any other physical or emotional condition of which we need to be aware? If yes please explain:

I, (Parent/Guardian named above) grant permission for my child (traveler named above) to participate in this event. I understand this event will take place under the guidance and direction of parish employees and/or volunteers from the Diocese. In the event of any emergency, I give authority to the accompanying adults to authorize treatment. I understand that an attempt to notify me will be made before any treatment is authorized.

Signature of parent/guardian

Date

Effective 07 /01/2007

Diocese of Richmond (DOR) Youth Traveler Assumption of Risk and Release Agreement

I understand the proposed travel to Haiti with the Diocese of Richmond (DOR) involves risks to my child. These include risks involved in traveling to and within, and returning from Haiti; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions. Additional risks include but are not limited to automobile accidents, contagious diseases, food poisoning, falls, airline accidents, strikes, military or political activity, equipment failure, assault, battery, robbery, injury, and death. My child and I have made our own investigation and are willing to accept these risks. We have also investigated the particular risks that may be present in Haiti. I understand that many of these risks are unpredictable, are wholly outside the control of DOR, and may change and increase beyond what is now known, anticipated or expected.

Knowing the risks described herein, and in consideration of being permitted to participate in this travel, I agree, on behalf of my child, to assume all the risks and responsibilities surrounding the participation of my child in this travel. To the maximum extent permitted by law, I do voluntarily and without reservation, release, hold harmless, and indemnify DOR and its officers, employees and agents, from and against any present or future claims, damages, expenses, actions, losses or liability of whatever kind including but not limited to injury to my child, injury to my child's property, or injury for which my child may be liable to any other person relating in any way to her/his travel with DOR caused by the negligence or other actions of DOR or any other party including the risks discussed and assumed in this Agreement.

I have consulted with a medical doctor with regard to my child's personal medical needs. There are no health related reasons or problems that preclude or restrict his/her participation in this travel.

I am aware of my child's medical needs. I have arranged through insurance, to meet any and all needs for payment of medical costs while my child participates in this travel. I recognize that DOR is not obligated to attend to any of my child's medical or medication needs, and I assume all risks and responsibility therefore. If my child requires medical treatment or hospital care in Haiti or the United States in conjunction with this travel, I understand DOR is not responsible for the costs or quality of such treatment or care.

DOR may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my child's health and safety. I agree to pay all expenses relating thereto and release DOR, its agents and employees from any liability for any such actions.

I understand that Haiti has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, and behavior. I recognize that behavior that violates those laws or standards could do harm to DOR relationships with Haiti and the institutions therein, as well as my child's health and safety. My child will be informed of, and will abide by, all such laws and standards for Haiti.

I will attend to any legal problems my child encounters with any foreign nationals or the government of Haiti. DOR is not responsible for providing assistance under these circumstances.

I grant DOR permission to reproduce and use for educational or other purposes all photographs, videos, movies or sound recordings of my child taken during this travel.

I have carefully read this Assumption of Risks and Release Agreement before signing it and I voluntarily enter into it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement is effective immediately upon execution.

Signature of Traveler

Date

Signature of Parent/Guardian

Date

Witness

Date

Effective 07 /01/2007