M4L OFFICE: **VIRTUS:** Y / NEED **AGR:** Y / NEED **INS COPY:** Y / NEED / NO INS **CASH / CHECK #** **AMT PAID $**

MARCH FOR LIFE 2027

OFFICE OF RESPECT LIFE AND SOCIAL JUSTICE

Chaperone Registration / Medical Release and Waivers (over 21)

Please print legibly in blue or black ink

Participant Name: _____ Group attending with: _____

Gender: _____ Date of Birth: _____ Participant Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Note: we will email you about missing info, updates, check your spam folder

VIRTUS INFORMATION (Required if 18 or older) Date: _____ Location: _____

EMERGENCY CONTACTS:

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

MEDICAL INFORMATION:

Insurance Company: _____ Policy #: _____

_____ I do not have Medical Health Insurance * A copy of your medical insurance card must be attached (Front AND Back)

List any Allergies / medical conditions and/or food restrictions:

_____

Medication: List current medications and dosage (including over the counter) taken routinely. Keep all medications in original bottle that identifies physician, drug name, dosage, and patient name. Please make sure to bring a couple days extra, in case of inclement weather.

_____

_____

WAIVERS:

Photo Release: I/We hereby authorize the Catholic Diocese of Wichita and the Archdiocese of Washington, D.C. and their agents to utilize photographic and/or video images of Participant and understand that no compensation will be received, should any photograph and/or video of participant be published.

Medical Authorization: I/We understand that the Catholic Diocese of Wichita and the Respect Life Social Justice Office ("Diocese") assume no responsibility for accidents which may occur in association with the March for Life Pilgrimage. I/We agree to use my/our personal insurance or funds to cover any such incidents. I/We understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed above. In the event those individuals cannot be reached, I/We hereby give permission to the physician, or any other qualified medical staff person selected by the event leader to hospitalize, secure medical treatment and/or order any injection, anesthesia, or surgery for Participant as deemed necessary. In the event that participant complains of illness, I/We grant permission for non-prescription medication (such as Tylenol, Ibuprofen, lozenges, etc.) to be given to participant. All medications must be kept in original packaging.

Waiver: I/We do hereby release, forever discharge, and agree to hold harmless the Diocese from and against any and all kind of liability, claims, demands, lawsuits, and expense of any kind arising from personal injury, sickness, death, or property damage of any kind whatsoever which may be incurred or suffered by Participant by virtue of Participant's participation in the March for Life Pilgrimage. I/We further agree to indemnify and hold harmless the Diocese and its respective members, officers, directors and employees, agents, sponsors and promoters from any and all liability, claim, loss, damage, cost or expense and waive any such

claims against persons or organizations arising directly or indirectly from or attributable in any action or omission to act of any such person or organization in connection with the sponsorship, organization and execution of the March for Life Pilgrimage.

Please return completed forms and payment no later than November 12, 2026

NO FULL OR PARTIAL REFUND WILL BE PROVIDED AFTER THE NOVEMBER 12TH DEADLINE.

In the event the National March or Diocesan Pilgrimage is cancelled all monies paid to the Diocese will be refunded

In the event an extended stay is necessary, participant is responsible for additional expenses incurred. We regret any inconvenience this might cause

Please indicate your payment preference (**Payment MUST accompany registration form**)

_____ Full Payment Plan $550 (11/12/26) _____ Partial Payment Plan ($287.50 due 11/12/26 and $287.50 due 12/10/26)

Please make check(s) payable to:

"CATHOLIC DIOCESE OF WICHITA"

Include with paperwork when submitting to the

Respect Life & Social Justice Office, 424 N. Broadway Wichita, KS 67202

email: m4linfo@CatholicDioceseofWichita.org **or** Fax: (316) 269-3902

Please initial each statement

_____ I have attached a copy of participants medical insurance card **or** _____ No Medical Insurance

_____ By registering for this event, I agree to pay the full amount due

_____ I have read and agree to abide by the rules as set forth in the Chaperone Agreement
If the rules set forth in the agreement are not followed, the participant can be dismissed from Pilgrimage and sent home at the cost of the participant.

Signature of Participant: _____ Date: _____