Liability and MedicallDiocese of Alexandria

Release FormDiocesan/Church Parlsh/Catho!lc Schools

for in-state events

This form is valid from July 1, 2018 June 30, 2019

# Church/School

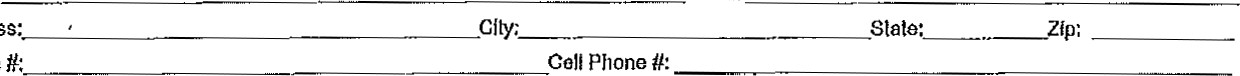
(Thls form is to be completed for all pantclpantg, minors and adults)

i . Basic Information:

ParWpant's Name: Male/Female:



Date of Blith: Email:

Home Address:

Home Phone

Minor lives with:

Parents Legal Guardian Other



2. Health Informatlon:

Insurance company: Pollcy Number:

Name of Insured:

Group Number:

Insurance Phone Number:

parilclpant's Doctor: Phone:

Parilcrpant's Rllergles, If any, Including medlcation and foods:



.

participant's chronic medical problems:

participant's other physlcal restrictions, if any:

Cu rrent medlcattons laken by parttclpant:

Reason for taking:

## Emergency Medlcal Treatment

The undets\aned do hereby fdeasa & eye-e {o the DZuso 0CAexarWda an? Me&al Calter Used b-Wevent ha-mdöSS any & da!m9, demands, expenses fun deAh, Xqat/dangge may be suffered acNtjO$, FDdhecm•xø, the assumes Of petsmal sickness, death, damage & upation ay acbWas, & fn the above ecSvfJ. 'n 8 pewn!ssbn Is hereby g"en 10 h.rnlsh au necessary transportaron, &

Lhe ur»det$tened. The further heebyagreas to IMermTy & Wd abova grws:x'd-wrch.fsam, the OZcesa of ALey.andda the Medkäl Center used the evenü.Bp, & theh• respecbg me-a-&rs, emAoyees, & agents (COSaeNe\*y, the hä\_n-dess & egaLns1 any& e' da•rns. demands, ta'åSUNS & FabTdes, Irßi.wiftg fees & expenses by the indenyü.ies as resg;t of Iha Intentmal ad of tFE undersbned. In thö evont of an emergency, please contact:

Name:

Relatlonsh!p:



3. Agreements:

For

As an adult pattlclpant,l rema!n fulY responslb'e for my actions taken. I further consent to the conditions stated above on participatlon fn thls event, Includlng the melhod Of transpostetlon, & the use Of appropriate p!cturesfvideo taken of mewhile parttdpating tn the event. Should It be necessay for me to retum home due to m reasons, dlsdplfnary act!on, or otherwise, 1 assume all responslblllty end transportaüon costs.

For Minors:

herebyconsent the participation ofmy ehlld at eventundec thegvldance ofsupenif!on as understænd that the event may take place away from the grounds, AS a pal ent gu renuln respons!uefu acuons taken by the named student. I further consent to the conditions s tated above on partidP\*tton In th15 event, EndudJng the method of transportation & the use cfepp«opdate pktvresWeo taken ofmy child whtle partfdpatlng In the event. I he:eby gent permrss!on for mychMd to participate fully In the event& all ofhs un-dettBHngs, & hereby gh•e our to take sard panldpa nt to the doctor or hospital & herebyauthorize medRal treatment, Indudng. to, eme(gency Surgery, & notwithstandlng any quesdon Of liabl.fity invoived rn this emergency, fuyy& completely, a ssume for ell medlcal Should be necessaryfor my child to tetum home due to med!ca' reasons, dfsdeITn2JY ace-on,ot otherwise, 125sume al] respons!bllity and transportaÜon costs.

In signing lhIsAgreement, ) hereby acknowledge and represent that I havo read this enUre document. that I undestend Its tens and provishns, that I undelstand it my legal rights as "'01] as, if appltcab!e, those of my chl!d. that it is a binding Agreement, and Ihat havo s!gned it knovhng!y and vo:unteriiy.

Participant SOature: ParenULega! Guardian $3gnaIuro:

Re•$sed: 8117