

LIABILITY/MEDICAL RELEASE FORM – YOUTH PARTICIPANT

Activity: _____

SECTION ONE: PARENT/GUARDIAN REQUEST AND MEDICAL CONSENT

Student Information

Name: _____ Date of Birth: ____/____/____
MM / DD / YYYY

Address: _____ City, State, Zip: _____

Cell Phone: (____) _____

The undersigned do hereby request and consent that my child _____ attend and participate in the Activity and associated activities listed above. I understand that I am responsible for my child’s transportation to the Activity. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated and/or given medication in accordance with standard medical practice by licensed medical personnel.

I authorize an adult, in whose care the minor has been entrusted, to render supervision and to provide consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician, dentist or emergency medical technician licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or treatment center whether such diagnosis or treatment is rendered at the office of said physician or said hospital or treatment center.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this request and authorization.

I give permission to the Diocese of Bridgeport to photograph, videotape, and/or film my child and to use his or her image and/or voice in photographs, video, sound and/or film for the purpose of promoting the mission, activities, and programs of Diocese of Bridgeport. I understand that I and my child are not entitled to any compensation or rights in these materials, and I release the Diocese of Bridgeport or any of its agents from any liability for the use of my child’s image for the above stated purposes.

Medical Insurance:

Insurance Company: _____ Policy Number: _____

Primary Physician: _____ Physician’s phone: _____

Please list the following, if applicable:

Allergies _____

Specific concerns _____

Medication your child is taking _____

Parent / guardian signature _____ **Relationship:** _____ **Date:** _____

SECTION TWO: PARENT /GUARDIAN REQUEST AND RELEASE OF ALL CLAIMS

In consideration for being accepted by Diocese of Bridgeport for attendance at and participation in the above-listed Activity and associated activities, on behalf of my child participant (if under the age of 21), _____, hereby assume all risk of personal injury, sickness, death, damage, expense as a result of participation in all activities involved therein.

The undersigned further hereby agree to hold harmless, and indemnify the Diocese of Bridgeport, its directors, employees, agents and adult volunteers, for any liability sustained as a result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

I, thereby request participation and grant permission for above mentioned child to participate fully in said Activity, and hereby give my permission to accompanying chaperones to supervise, care, and discipline my child.

Further, should it be necessary for the participant to return home due to medical reason, disciplinary action or otherwise, I assume all transportation costs. I assume all liabilities for any personal injury, damage and expense incurred as a result of riding in or driving any vehicle to and from said activity.

Print name of participant _____

Mother's name _____ Cell phone #: (____) _____

Father's name _____ Cell phone #: (____) _____

Alternate Emergency Contact: _____ Relationship: _____

Cell Phone: (____) _____

Parent / guardian signature _____ **Relationship:** _____ **Date:** _____

SECTION THREE: PARTICIPANT ONLY

I have read the foregoing and itinerary addendums or attachments, if applicable, and understand the rules of conduct and will abide by them, as well as the directions of the leadership of the activity. I understand that my participation in said activity can be ended at any time at the discretion of activity leaders.

Student signature: _____ **Date:** _____

Please bring this form with you on the first date that you come in.