CATHOLICS IN ACTION ADULT PERMISSION, MEDICAL AND LIABILITY WAIVER FORM

Participant's Name: _____ Date of Birth: _____ Gender ____ T-Shirt Size ____

Parish/School & City/Town: _____

Your Address: _____ City/State/Zip: _____

Home Phone *(include area code)*: _____ Work Phone *(include area code)*: _____Cell Phone *(include area code)*: _____

Emergency Contact: _____ Relationship to Participant: _____ Phone *(include area code)*: _____

Insurance Information: Insurance Company: _____ Plan #: _____

Member ID: _____ Group Number: _____ Policy Holder: _____

Health Information: Please check any illnesses, allergies or medication reactions you have had.

- ☐ Ear infections ☐ Hay fever ☐ Rheumatic fever ☐ Chicken pox ☐ Poison ivy
- ☐ Diabetes ☐ Measles ☐ Insects ☐ Convulsions ☐ German measles
- ☐ Mumps ☐ Asthma ☐ Penicillin ☐ Other medications ☐ Behavioral problems
- ☐ Any other: _____

Any other health problems or comments on above info: _____

Special Conditions: Please check all that apply:

- ☐ Wheelchair Access needed ☐ Hearing Impaired ☐ Visually Impaired (beyond glasses/contacts) ☐ Mobility Impaired
- ☐ Dietary Restrictions (please specify): _____
- ☐ Activity restrictions: _____

Medications*:* I am taking medication. I will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for taking such medications, including dosage and frequency of dosage, are as follows:

_____

_____

_____

Statement of Permission, Release & Liability Waiver: *I agree to participate in the Diocese of Davenport's Catholics In Action program on June 28-30, 2015, at the Regina Education Center in Iowa City, IA. This activity will take place under the guidance and direction of employees/volunteers from the Diocese of Davenport and employees/volunteers from my parish/school named above. I also understand that my participation requires transportation to/from the event site that is arranged by me or my parish/school leaders.*

I remain legally responsible for any personal actions taken by me. For value received, I agree to hold harmless and defend the Diocese of Davenport, its employees and agents, chaperones, or representatives associated with the event, and my parish/school named above, its officers, directors, employees and agents, from any claim arising from or in connection with attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese of Davenport, its employees and agents and chaperones, or representatives, or my parish/school named above, its officers, directors and agents, and representatives associated with the event, for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage.

In the event of an emergency, I hereby give permission to the adults supervising this activity to secure proper and adequate treatment for me, including hospitalization, injection, anesthesia or surgery. I accept responsibility for all medical/surgical treatment charges which may be incurred.

Photo Release: **:** *I hereby grant permission for photographs taken of me at this event to appear on one or more of the communication media of the Diocese of Davenport (e.g., The Messenger, diocesan websites or social media) or of my parish/school. I understand that these images will be used only in relation to these publications and this event. Any other use of said images will require my full written consent.* (NOTE: If you do not grant permission, you must indicate such in a written letter to the Diocesan Coordinator of Youth Ministry, 780 West Central Park Ave., Davenport, IA 52804. This written notification must arrive at stated address no less than 5 business days prior to the event date.)

Signature: _____ Date: _____