

Office of Youth Ministry Liability Form

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participant's name: _____ Date of birth: _____

Sex: _____ Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

I remain legally responsible for any personal actions I take. I agree to hold harmless and defend St. Mary, its officers, directors, employees and St. Mary agents, and the Diocese of Green Bay, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with myself or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and Diocese of Green Bay its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Green Bay.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge that I am in good health and I assume all responsibility for my health. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment. In the event of an emergency, please contact:

Name & relationship: _____ Phone: _____

Doctor: _____ Phone of Doctor: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Do you have a medically prescribed diet? _____

Do you have any physical limitations? _____

We should be aware of these special medical conditions:

MEDIA RELEASE: This authorization form constitutes permission for my own participation in videotaping and/or photographs which may be taken during the program/trip. These could be used for further promotional videos, website promotions, fliers, or other diocesan or parish appropriate uses.

Signature of Participant _____