



ARCHDIOCESE OF GALVESTON-HOUSTON

CONSENT TO TREAT ADULT LIABILITY RELEASE FORM

I, the undersigned _____ do hereby authorize treatment of myself by a licensed medical physician or medical team in case of any accident or illness that may so arise, or any hospitalization necessary. I (we) also release, hold harmless and discharge the Archdiocese of Galveston-Houston and staff and chaperones from any and all liability, claim loss, damage, cost or expense. I waive any such claims against the organization or any such person, arising directly or indirectly from or attributable in legal way, to any action or omission to act of any such organization or person in connection with execution of event.

Print Name

Signature

Allergies to Food/Drugs _____

Today's date _____ : This consent from will remain effective through **July 1, 2022.**

PHOTOGRAPHY CONSENT

I grant permission for photographs of myself to be taken during the VBS Program held at Epiphany of the Lord Catholic Community. (If you do not consent to having your photo taken during VBS **2021**, enclose a signed and dated letter to that effect). Pictures will be available from an online website such as Bucketlist, SnapFish, etc. as a convenience for your viewing and/or purchase.

This authorization shall be in effect and on file at Epiphany of the Lord Catholic Community until **July 1, 2022.**

Signature: _____ **Date:** _____