

EVENT RELEASE & MEDICAL FORM FOR ADULT

Adult Participant Event Release and Medical Form

Please fill out this form for anyone who is age 18 (out of high school) and older.

PARISH/SCHOOL: _____ CITY: _____

CONTACT INFORMATION

PARTICIPANT: _____ DATE OF BIRTH: _____

<input type="checkbox"/> MALE
<input type="checkbox"/> FEMALE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MOBILE PHONE: _____ HOME PHONE: _____

EMAIL: _____

IN CASE OF EMERGENCY, CONTACT:

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

MOBILE PHONE: _____ HOME PHONE: _____

MEDICAL CONTACT INFORMATION

HOSPITAL/CLINIC: _____

PHYSICIAN: _____ PHONE: _____

MEDICAL INSURANCE COMPANY: _____ POLICY #: _____

EVENT INFORMATION

EVENT: _____

EVENT DATE: _____ EVENT TIME: _____

EVENT LOCATION: _____

ESTIMATED DATE/TIME OF DEPARTURE: _____

ESTIMATED DATE/TIME OF RETURN: _____

INDIVIDUAL IN CHARGE: _____

MODE OF TRANSPORTATION TO AND FROM EVENT: _____

PERMISSION TO USE PARTICIPANT PHOTOS

You have my permission to use said photos for commercial purposes (ex. flyers, on the web, etc.)

SIGNATURE: _____ **DATE:** _____

CODE OF CONDUCT

Each PARTICIPANT is expected to comply with the following rules of conduct, in addition to any additional rules or code of conduct in place by the Parish/School:

- No possession or use of alcohol, drugs, tobacco, vaping, or pornography.
- No fighting, weapons, fireworks, lighters or explosives.
- No offensive or immodest clothing.
- Participation with the group is expected.
- Respect property.
- Respect one another, staff, and leaders.
- Respect and comply with schedules and with other specific rules established by leaders.

SIGNATURE: _____ **DATE:** _____

HOLD HARMLESS/LIABILITY WAIVER

I, the above named "PARTICIPANT" agree on behalf of myself, my heirs, successors, and assigns, to hold harmless and defend the above "PARISH/SCHOOL", its officers, directors, employees, chaperones, and agents, and the Diocese of La Crosse, its officers, directors, employees, chaperones, and agents from any claim arising from or in connection with PARTICIPANT's attendance, enrollment or participation in any program, school, activity or event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith.

Additionally, the above named PARTICIPANT agrees to protect, defend, hold harmless and fully indemnify the above named PARISH/SCHOOL, its officers, directors, employees, chaperones, and agents and the Diocese of La Crosse, its officers, directors, employees, chaperones, and agents for any claim or cause of action whatsoever arising out of the above mentioned PARTICIPANT's attendance, enrollment, or participation in any program, parish/school, activity or event that is brought against PARISH/SCHOOL, its officers, directors, employees, chaperones, and agents, and the Diocese of La Crosse, its officers, directors, employees, chaperones, and agents by the above named PARTICIPANT, my heirs, successors, and assigns whether such claim arises from the alleged negligence of the PARISH/SCHOOL, its officers, directors, employees, chaperones, and agents, and the Diocese of La Crosse, its officers, directors, employees, chaperones, and agents negligence. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

SIGNATURE: _____ **DATE:** _____

STATEMENT OF TRUTH AND ACCURACY

I have read the rules of conduct, and permission to participate in Parish/School activities. I agree to abide by the personal limitations and code of conduct. I hereby certify that all of these statements are true and accurate to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

MEDICAL HISTORY/INFORMATION

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 at my expense. In the event of an emergency, please contact the above listed EMERGENCY CONTACT.

Yes No

SIGNATURE: _____ **DATE:** _____

Does the PARTICIPANT have any dietary restrictions/considerations?

Yes No

If the PARTICIPANT has a medically prescribed diet, please list the details below:

ALLERGIES: (Please check all that apply): Pollen Medications Insect Bites Food

Please specify: _____

Treatment History: (Please check all that apply)

Asthma Diabetes Epilepsy/Seizure Disorder Frequent upset stomach Heart Trouble

Physical Handicap Depression Emotional/Mental Disorder Other

Details: _____

Operations, serious injuries, or major illness in the past year: _____

_____ Dates: _____

STATEMENT OF TRUTH AND ACCURACY

I hereby certify that all of these statements are true and accurate to the best of my knowledge and agree to participate in Parish/school activities.

SIGNATURE: _____ **DATE:** _____