

LIABILITY, MEDICAL AND CONSENT FORM

Participant Name: _____ Birthdate: _____ Gender: _____
Home Address, City, State, Zip: _____
Daytime Phone: _____ Evening Phone: _____ Cell phone: _____
Email: _____
Parish/School & Location: _____

I voluntarily agree to participate in the _____ at _____
on _____. This activity will take place under the guidance and direction of employees/
volunteers from my parish/school/organization named above. I also understand that my child's
participation requires transportation to/from the event site, and this transportation is arranged by my
parish/school/organization leaders.

For value received, I agree to hold harmless and defend my parish/school/organization named above, its
officers, directors, employees and agents, and the Diocese of Savannah, its employees and agents,
chaperones, or representatives associated with the event, from any claim arising from or in connection
with my 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 my parish/school/organization 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

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge I am in good health, and I assume
all responsibility for my health.

Impairments: Please check all that apply:

Wheelchair Access needed Hearing Impaired Visually Impaired
 Mobility Impaired

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to be
transported to a hospital for emergency medical or surgical treatment. In such an event, please
contact:

Name & Relationship: _____ Phone: _____
Family Doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____

Medications: I am taking medication at present. I will bring all such medications necessary, and
such medications will be well-labeled. Names of medications, dosage and frequency of dosage,
are as follows: _____

Specific Medical Information:

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

Date of last tetanus/diphtheria immunization: _____

Any physical limitations? _____

Are you subject to emotional reactions to new situations, sleepwalking, fainting? If so, please
specify. _____

If you have recently been exposed to contagious disease or conditions, such as mumps,
measles, chicken pox, please state disease, date and present condition:

You should be aware of these special medical conditions: _____

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Each chaperone, participant and Young Adult Helper must agree to these rules. Chaperones, please read carefully as you will be asked to enforce these policies.

1. Chaperones

- Chaperones must be **21+ years of age** and in compliance with “***Diocese of Savannah’s Safe Environment***”
- Be aware of any significant health issues and pre-existing conditions affecting the members of your group. Any illness or health problems developing during the conference should be reported to the health care staff
- Avoid situations of being alone with a youth at any time
- Treat all youth with respect and only discipline members of your own group unless it is an emergency situation. Any concerns about the behavior of youth not under your care should be addressed to the conference staff
- Chaperones are responsible for their youth at all times
- Uphold all Chaperone and Participant guidelines

2. Participant

- Participants must be within the age range of the event
- No cell phones, iPods, or electronic devices

3. EVERYONE

- Alcohol, illegal drugs and tobacco are prohibited (**NO SMOKING**)
- Weapons are prohibited
- Dress code:
 - Shorts and/or skirts must come to **at least the knees**
 - No low-riding pants
- Must be spiritually mature whose language, conversation and actions reflect the teachings and moral values of the Catholic Church
- I understand that I will be expected to remain on-site for the entire time of the event.
- No refunds will be given.
- **PHOTO RELEASE FOR INTERNET AND NEWSPAPER:** I hereby grant permission for photographs taken of me at this event to appear on one of the communication mediums of my parish/school/organization (bulletin, newsletter, website, etc.) and/or the Catholic Diocese of Savannah (e.g., *The Southern Cross* or diocesan websites). 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.

I have read this consent form and I agree to abide by these rules. I understand that failure to abide by these rules could result in my being asked to leave the event.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

(If participant is under 18 years old)