

Diocese of Orlando

OFFICE OF YOUTH & YOUNG ADULT MINISTRY •

MINISTRY LEADER, CHAPERONE, & ADULT MEDICAL RELEASE AND LIABILITY WAIVER (Transportation Provided)

To be filled out by individuals 18 years of age and older.

Important! For individuals 18 years of age or older and in high school, this form must be completed and submitted by the participant along with a PARENTAL/GUARDIAN CONSENT FORM, LIABILITY WAIVER & MEDICAL CONSENT.

(please PRINT legibly)

Full Name \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Event & Location: Give Kids the World Community Service, serving dinner every 3rd Sunday of the Month

Date & Time: 2010- Feb. 21, March 21, April 18, May 16, June 20, July 18, Aug. 15, Sept. 19, Oct. 17, Nov. 21, Dec. 19, 2010.

Method of Transportation: Contact Jim Valentine 407-857-3719 Carpool leaves SJV Annex at 4:30pm and returns at 9:30pm. Must reserve seatbelt in advance.

I hereby waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, St. John Vianney, the Diocese of Orlando, and any of their religious, employees, staff, volunteers, agents and representatives from any liability, claim, loss, damage, cost or expense arising from my participation in this event.

(The following request is pertinent information if you are rendered unconscious)

Date of Birth (including year): \_\_\_\_\_ Age: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Please list ALL medical conditions /allergies / special health information:

Please list ANY medications (prescription or non-prescription) you would like us to be aware of:

Do you have Medical Insurance? [ ] Yes [ ] No

If yes, please provide the following information:

Insurance Company: \_\_\_\_\_

Policy in the name of: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Phone Number \_\_\_\_\_

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

Signature

In signing the line above I agree to abide by any/all policies and rules established for this event. Should I not be able to maintain the guidelines and expectations for this event, I understand that there will be consequences for my actions, which could include my being asked to leave the event.

Participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office of Youth and Young Adult Ministry &/or the Diocese of Orlando.

I hereby expressly assign to the Diocese of Orlando, and to all it's agents all the rights, title and interest in, and to all photos/videotape recordings made by such in which I appear and/or my voice is used in and in connection with the videotaping of this event.

Signature \_\_\_\_\_

Date \_\_\_\_\_