

# Liability and Medical Release



DIocese of  
**ALEXANDRIA**  
Diocesan/Church Parish/Catholic Schools  
(This form is to be completed by all who participate,  
minor or adult.)

## For out-of-state events

Date of the event: \_\_\_\_\_

Church/School: \_\_\_\_\_

### 1. Basic Information:

Participant's Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

#### For Minors only:

Lives with: \_\_\_ Parents      \_\_\_ Legal Guardian      \_\_\_ Other: \_\_\_\_\_

### 2. Health Information:

Please have you insurance card with you at all times.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Group Number: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

Participants Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Participants allergies, if any, including medication and foods: \_\_\_\_\_

Participants chronic medical problems: \_\_\_\_\_

Participants other physical restrictions, if any: \_\_\_\_\_

Current medications taken by participant: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

#### Emergency Medical Treatment

The undersigned do hereby release forever, discharge, & agree to hold the above group/church/school, the Dioceses of Alexandria &/or Sponsor or any Hospital or Medical Center used while on the trip/event harmless from & against any & all liability, claims, demands, lawsuit & expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the undersigned while attending activities. Furthermore, the undersigned hereby assumes all risk of personal injury, sickness, death, damage & expenses arising from the undersigned participation in all activities, including recreation & work activities involved in the above activity. In addition, authorization & permission is hereby given to furnish all necessary transportation, food & lodging for the undersigned. The undersigned further hereby agrees to indemnify & hold the above group/church/school, the Diocese of Alexandria &/or the Sponsor &/or any Hospital or Medical Center used during the event/trip, & their respective members, directors, employees, & agents (collectively, the "Indemnitites"), harmless from & against any & all claims, demands, action, lawsuits & liabilities, including attorney's fees & expenses sustained by the indemnitites as the result of the negligent, willful, or intentional act of the undersigned.

#### In the event of an emergency, please contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

### 3. Agreements:

#### For Adults:

As an adult participant, I remain fully responsible for my actions taken. I further consent to the conditions stated above on participation in this event, including the method of transportation, & the use of appropriate pictures/video taken of me while participating in the event. Should it be necessary for me to return home due to medical reasons, disciplinary action, or otherwise, I assume all responsibility and transportation costs.

#### For Minors:

I hereby consent the participation of my child at this event under the guidance of supervision of chaperone(s) as I understand that the event may take place away from the church/school grounds. As a parent or legal guardian, I remain fully responsible for actions taken by the named student. I further consent to the conditions stated above on participation in this event, including the method of transportation & the use of appropriate pictures/video taken of my child while participating in the event. I hereby grant permission for my child to participate fully in the event & all of its undertakings, & hereby give our permission to take said participant to the doctor or hospital & hereby authorize medical treatment, including, but not limited to, emergency surgery, & I, notwithstanding any question of liability involved in this emergency, fully & completely, assume responsibility for all medical bills. Should it be necessary for my child to return home due to medical reasons, disciplinary action, or otherwise, I assume all responsibility and transportation costs.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its term and provisions, that I understand it affects my legal rights as well as , if applicable, those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Participant Signature: \_\_\_\_\_ Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary: SWORN TO and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

NOTARY PUBLIC(Printed Name): \_\_\_\_\_

NOTARY PUBLIC(Signature): \_\_\_\_\_

Notarial Number: \_\_\_\_\_

(Seal)

My Commission Expires: \_\_\_\_\_