

Diocese of Orlando

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: Confirmation Retreat: Warren W. Willis, Leesburg, FL

Date & Time: January 22-23, 2011

Method of Transportation: BUS

I hereby waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, <SCHOOL/PARISH>, 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. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

(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. (Participants would not be identified, however, without specific written consent) Please note that the Office has no control over the use of photographs or film taken by media that may be covering the event in which you participate.

I hereby expressly assign to the Diocese of Orlando, and to all its 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. I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or any distribution of said photos/videotape without limitation for any purpose whatsoever; and I further waive all rights to any compensation for my appearance or participation in the photographs/videotape recordings.

Signature _____

Date _____