

**ADULT PARTICIPANT FORM DIOCESE OF DAVENPORT  
MEDICAL PERMISSION LIABILITY WAIVER PHOTO RELEASE**



Parish: \_\_\_\_\_ Parish Town: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (include area code) Cell: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Phone (include area code): \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**Insurance** Insurance Company: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Member ID: \_\_\_\_\_ Group Number: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

**Health** Food allergies (type and severity): \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Mobility or Activity limitations: \_\_\_\_\_

Please note any other allergies, health or behavioral difficulties of which leaders should be aware:

\_\_\_\_\_

**Medications** List dosage and frequency for each medication:

\_\_\_\_\_

**Permission & Liability Waiver** I agree to participate in the **Diocese of Davenport Pilgrimage to NCYC 2025 in Indianapolis, IN**. Departure date is November 20 and the return date is November 23, 2025. Lodging is at the Indianapolis Marriott East Hotel, 7202 East 21<sup>st</sup> St., Indianapolis IN. Transportation is arranged by the Diocese. This activity will take place under the guidance and direction of employees/volunteers from the Diocese of Davenport and employees/volunteers from my parish named above.

I remain legally responsible for any personal actions taken by me. For value received, I agree to hold harmless and defend the Diocese of Davenport, its employees and agents, chaperones, or representatives associated with the event, and my parish named above, its officers, directors, employees and agents, from any claim arising from or in connection with 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 the Diocese of Davenport, its employees and agents and chaperones, or representatives, or my parish 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.

*In the event of an emergency, I hereby give permission to the adults supervising this activity to secure proper and adequate treatment for me, including hospitalization, injection, anesthesia or surgery. I accept responsibility for all medical/surgical treatment charges which may be incurred.*

**Photo Release** I hereby grant permission for images taken of me at this event to appear on one or more of the communication media of the Diocese of Davenport (e.g., The Messenger, diocesan websites or social media) or of my parish. 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. (NOTE: If you do not grant permission, you must indicate such in a written letter to the Director of Faith Formation, 780 West Central Park Ave., Davenport, IA 52804, that must arrive at stated address by November 3, 2025.

**Permission to Contact Participant via Text Message** I hereby grant permission for the diocesan NCYC team to contact me via text message for NCYC-related important announcements and/or emergencies, including preparation before and follow-up after NCYC, for the period of November 12 through November 26, 2025. My permission will not extend beyond these dates. Do not block these messages in any way. (NOTE: If you do not grant permission, you must indicate such in a written letter to the Director of Faith Formation, 780 West Central Park Ave., Davenport, IA 52804, that must arrive at stated address by November 3, 2025.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_