Diocese of Shreveport and/or Church of ST. LAWRENCE CATHOLIC CHURCH
Adult Release and Medical Form

All adults participating in parish and/or diocesan Youth Ministry Events must fill out this form annually

Adult Participant's Name:

Address:

City: State: Zip:

Cell: Do you text? YES   NO

Church you attend: ST. LAWRENCE CATHOLIC CHURCH or _____

1. Have you gone through the **Approved Diocese of Shreveport Protecting God's Children Training Program**?

Answer: Yes / No   If so, DATE: what Church:

2. Have you read and signed the Code of Conduct from the Diocese of Shreveport (www.dioshpt.org/onlineDocs/AbusePolicy.pdf) and do you agree to comply with the "Code"?   YES   NO

I agree on behalf of myself, my heirs, successors, and assign to hold harmless and release the Diocese of Shreveport, Bishop of the Roman Catholic Diocese and his Successors in office, Diocesan Employees, Volunteers, and the church of ST. LAWRENCE CATHOLIC CHURCH youth ministry program, their officers, directors, and agents from any liability (unless caused by gross negligence of the Diocese and/or church) for illness, injury or death arising from or in connection with my attending youth ministry events beginning the 1st day of June 2017 through the 31st day of May 2018.

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that that each party is responsible for its own legal fees, court costs and expenses.

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that I have the following allergies: _____

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: Relationship to me:

Cell Phone Number: Other Phone Number:

Please attach a copy, front and back of your Medical Insurance Card or fill in the information below:
Health Insurance Carrier: Customer Service Phone #:

Insurance ID #:   Insurance Policy or Group #:

I also consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction (in perpetuity unless otherwise revoked by me in writing and delivered by certified mail, return receipt requested, to: The Catholic Center 3500 Fairfield Ave, Shreveport, LA 71104, ATTN: Director of Youth Ministry) in which I may appear by the Diocese of Shreveport. I understand that these materials are being used for promotion of the youth ministry of the Diocese of Shreveport which may include recruitment and fundraising efforts.

Signature_____**Date**_____