## Archdiocese of Galveston-Houston Key Leader, Chaperone and Young Adult Assistant Medical Release and Liability Form

I,	, do hereby release, hold harmless and discharge the	e Archdiocese of Galvestor
participation in this event. I waive such claims again attributable in any legal way, to any action or omiss	, do hereby release, hold harmless and discharge the yand all liability, claim, loss, damage, cost or expensent such organization or any such person, arising direction to act of any such organization or person in connection or licensed medical team in case of any accident.	etly or indirectly from or ection with execution of this
Print Name	Date:	_
Address_		<u> </u>
City	Zip	
Parish		<u>—</u>
Home Phone ()	Work Phone ()	<u>—</u>
Physician's Name	Phone ()	<u>—</u>
(The following request is pertinent information is	if you rendered unconscious)	
Date of Birth (including year):	Age:	
Date of last Tetanus shot:	<u> </u>	
Please list ALL medical conditions / allergies / spec	cial health information including bouts with depression	n and anxiety:
Please list <b>ANY</b> medications (prescription or non-pr	rescription) 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 insura patient.	nce, payment in full for medical care becomes the	responsibility of the
X Signature		
Signature		
	all policies and rules established for this event/acti- guidelines and expectations of the adult chaperones I include being asked to leave the event.	