

PARENT MEDICAL AND LIABILITY RELEASE STATEMENT CODE OF CONDUCT and PHOTO RELEASE

DIOCESE OF SAN BERNARDINO 1201 E. Highland Ave., San Bernardino, Ca 92404-4641 (909) 475-5300 CATHOLIC MUTUAL GROUP 1201 E. Highland Ave., San Bernardino, CA 92404-3972 (909) 886-6001 St. Anthony Catholic Church 2110 N. San Antonio Ave., Upland, CA 91784 (909) 985-2803 <i>(Parish Name, Address, and Phone)</i>

EVENT INFORMATION	Event _____
	Location: _____
	Phone: _____
	Date & Time of Activity: _____ Cost: _____ (Please Print)
MEDICAL LIABILITY	Participant's Name: _____ Date of Birth: _____
	Parent's Name: _____
	Phone #: _____ Cell or Work #: _____
	Emergency Contact Name: _____ Phone #: _____
	Family Physician: _____ Phone #: _____
	Insurance Company: _____ Policy No: _____
	Allergies/ Medical Problems/ Disabilities: _____
	Is the participant taking any over the counter or prescriptions drugs? Please list and print Clearly <i>(Use another sheet if necessary)</i> _____
	Please list any Allergies to medication or foods _____
	I also understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this form, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/ order an injection, anesthesia, or surgery for my child as deemed necessary.
I understand all reasonable safety precautions will be taken at all times by: _____ <i>(Coordinators Name & Phone #)</i> and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. I agree not to hold, _____ <i>(Location Name & Parish Name), its leaders, employees</i> and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.	
CONDUCT	I understand that by signing this form I/my child agree(s) to cooperate and participate fully, that I/my child will show respect for the property visited, respect for neighbor, that I/my child will show respect for the law and practice safety skills at all times. By failing to meet this code of conduct, I/my child am/are aware that appropriate action may be taken and arrangements may be made for immediate removal from the event.
	I hereby authorize the making of photographs, motion pictures, videotapes, voice recording, internet distribution or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.
PHOTO	<input type="checkbox"/> By checking this box, I DO NOT authorize any photos, videotapes, voice recordings or internet distribution of my child.

PERMISSION	Parent/ Guardian Signature Required for minors under 18
	Signature of Participant Required (Youth or Adult)
