

**Archdiocese of Galveston-Houston
Epiphany of the Lord Catholic Community
Adult Medical Release and Liability Form**

I, _____, do hereby release, hold harmless and discharge the Archdiocese of Galveston-Houston, the parish, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my participation in _____ to be held on _____ at (location) _____.

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 physical or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

Participant's Name (Printed): _____ Gender (?): M or F ENV# _____

Address: _____ City _____ Zip _____

Email: _____

Home Phone: _____ Cell Phone: _____ Text (?): Yes or No

Physician's Name: _____ Phone: _____

(The following information 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 including bouts with depression and anxiety:

Please list ANY medications (prescription and non-prescription) you would like us to be aware of:

Do you have Medical Insurance: YES or 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, payments in full for medical care becomes the responsibility of the patient.

Signature: _____ Date: _____

In signing the line above, I agree to abide by any/all policies and rules established for this event/activity.