ADULT CONSENT FORM AND LIABILITY WAIVER

All pages must be filled out and signed for each participant.
Please turn in to the registration coordinators prior to participating in any activities.
No adult will be allowed to participate unless form is turned in.

Participant's name: _____

Birth date: _____ Gender: _____

Home address: _____

Mobile phone: _____

ABOUT THE EVENT:

Event/Activity: _____

Type of work expected to be performed: _____

Date(s): _____

Location: _____

Cost (if any):_____

I agree on behalf of myself, my heirs, successors, assigns, executors, and personal representatives, to hold harmless and defend the Diocese of Brownsville, the bishops, its officers, directors, employees, and agents, and the chaperones, volunteers, or representatives and related entities associated with the event, from any and all liability claims, loss or damage arising from or in connection with this event, or in connection with any injury, accident, illness, or death occurring during or by reason of participation in this activity, or any cost of medical treatment in connection therewith. Furthermore, I agree to compensate the Diocese of Brownsville, the bishops, its officers, directors, employees, and agents, and the chaperones, volunteers, or representatives and related entities associated with the event for reasonable attorney's fees and expenses which may incur in any legal action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the diocese.

Signature: _____Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, I am in good health, and I assume all responsibility for my health.

Medications:
If I am taking medication at present, I will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions that I take such medications, including dosage and frequency of dosage, are as follows:
_____

Signature: _____ Date: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to be transported to a hospital for emergency medical or surgical treatment. In the event of an emergency, please contact:

Name & relationship: _____ Phone: _____

Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____

Specific Medical Information: The event coordinators will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.):_____
Immunizations: _____ Date of last tetanus/diphtheria immunization: _____
Do you have a medically prescribed diet? _____
Any physical limitations? _____
Are you subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____
You should be aware of these special medical conditions:
_____

Signature: _____ Date: _____

PHOTOGRAPH AND AUDIO/VIDEO CONSENT FORM:

By participating in this event/activity, you consent to photography, audio recording, video recording and its/their release, publication, exhibition, or reproduction to be used for news, web casts, promotional purposes, telecasts, advertising, inclusion on websites, social media, or any other purpose by the Diocese of Brownsville and its affiliates and representatives.

Images, photos and/or videos may be used to promote similar Diocese of Brownsville activities in the future, highlight the activity and exhibit the capabilities/services of the Diocese of Brownsville. You release the Diocese of Brownsville, the bishops, its officers and employees, and each and all persons involved from any liability connected with the taking, recording, digitizing, or publication and use of interviews, photographs, computer images, video and/or sound recordings.

Furthermore, by entering such spaces, physical or virtual, you waive all rights you may have to any claims for payment or royalties in connection with any use, exhibition, streaming, web casting, televising, or other publication of these materials, regardless of the purpose or sponsoring of such use, exhibiting, broadcasting, web casting, or other publication irrespective of whether a fee for admission or sponsorship is charged. You also waive any right to inspect or approve any photo, video, or audio recording taken by the Diocese of Brownsville or the person or entity designated to do so by the Diocese of Brownsville.

By signing, you agree that you have been fully informed of your consent and waiver of liability. This release will remain valid until revoked in writing, with no retrospective effect.

Participant's Signature: _____ Date: _____