

## ADULT CONSENT FORM AND LIABILITY WAIVER

Participant's name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Shirt Size: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

### **ABOUT THE EVENT:**

**Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_  
**Cost:** \_\_\_\_\_

I agree on behalf of myself, or our heirs, successors, and assigns, to hold harmless and defend (parish/school) \_\_\_\_\_ of the Diocese of Brownsville, its officers, directors, employees and agents, and the Diocese of Brownsville, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Brownsville, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/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. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

***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 provide us with your emergency contact information.

Name & relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Family Health Plan Carrier: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Medications:*** I am taking medication at present moment. 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:

\_\_\_\_\_  
\_\_\_\_\_

***Specific Medical Information:*** The (parish/school)\_\_\_\_\_ of the Diocese of Brownsville 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: \_\_\_\_\_

**PHOTOGRAPH AND VIDEO CONSENT FORM:**

From time to time, pictures and video may be taken of youth ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. Written consent of both the student and parent/guardian is required. Names will not be posted unless written authorization is given, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the ministry coordinator or webmaster, and they will promptly be removed.

I,\_\_\_\_\_, authorize and give full consent, without limitation or reservation, to the (parish/school)\_\_\_\_\_ of the Diocese of Brownsville to publish any photograph or video in which the above name will appear while participating in any program associated with the (parish/school)\_\_\_\_\_ of the Diocese of Brownsville. There will be no compensation for use of any photograph or video at the time of publication or in the future.

I give permission for photos to be taken of me during this event, and for those photos to be published in parish newsletters, parish website and publications.

Participant's Signature:\_\_\_\_\_Date: \_\_\_\_\_