

Parish name _____

Adult's Name _____

Home Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone (optional) _____

E-mail Address _____

Gender (circle one) M or F

** Age of adult participant (circle one) 18-20 21 or over

T-Shirt Size (circle one) S M L XL 2XL 3XL

****note: Young adults (18-20) may participate as part of a parish's adult team for training purposes, but may not be counted as an official chaperone for the adult / youth ratio.**

EVENT DETAILS

A brief description of the activity follows:

Description of event: _____

Date of event: _____

Destination of event: _____

Estimated time of departure and return: _____

Mode of transportation to and from event: _____

CONSENT TO PARTICIPATE AND LIABILITY RELEASE

In consideration for allowing me to participate in this activity, I assume all risks and hazards incidental to my participation in the Event, including transportation to and from the Event. In consideration for allowing me to participate in the event listed above, and on behalf of myself and my parents, legal guardians, siblings, heirs, assigns, and personal representatives, I hereby release and agree to fully and unconditionally protect, indemnify, and defend the Parish, the Roman Catholic Diocese of Dallas, and their respective officers, agents, and employees, (collectively, "Indemnitees") and hold each Indemnatee harmless from and against any and all costs, expenses, attorney's fees, claims damages, demands, suits, judgments, losses, or liability for injuries to property, injuries to persons, and from any other costs, expenses, attorney fees, claims, suits judgments, losses, or liabilities of any and every nature whatsoever arising in any manner, directly or indirectly, out of, in connection with, in the course of, or incidental to my participation in the Event, REGARDLESS OF CAUSE OR OF THE JOINT, COMPARATIVE OR CONCURRENT NEGLIGENCE OF THE INDEMNITEES. In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this release, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, attorneys' fees, and expenses incurred by the prevailing party.

AUDIO/VISUAL RECORDING AND PHOTOGRAPHY CONSENT

On occasion, video recordings, audio recordings, photographic slides, and photographs are taken during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media. I hereby release and agree to fully and unconditionally protect, indemnify, and defend _____ (parish), the Roman Catholic Diocese of Dallas, and their respective officers, agents, and employees, (collectively, "Indemnitees") and hold each Indemnatee harmless from and against any and all costs, expenses, attorney's fees, claims damages, demands, suits, judgments, losses, or liability for injuries to property, injuries to persons (including Student) and from any other costs, expenses, attorney fees, claims, suits judgments, losses, or liabilities of any and every nature whatsoever arising in any manner, directly or indirectly, out of, in connection with, in the course of, or incidental to the use or publication of any photographs, videos, or other images of me, REGARDLESS OF CAUSE OR OF THE JOINT, COMPARATIVE, OR CONCURRENT NEGLIGENCE OF THE INDEMNITEES.

Name of Emergency Contact _____

Phone Number _____

Additional Emergency Contact (optional) _____

Phone Number (optional) _____

Signature of Adult Participant _____

Date Signed _____

Adult Permission and Travel Form

Adult Participant's Name: _____

Medical Information:
The information below is requested but not required.
It will be used only in the case of an emergency.

Insurance Carrier: _____

Policy Number: _____ **Insurance ID Number:** _____

Date of Birth: _____

Primary Care Physician: _____ **Phone:** _____

Medications:
Please list below the names of medications and taken on a regular basis:

Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: (date of last tetanus/diphtheria immunization) _____

Any disabilities or physical limitations: _____

Any other special medical conditions that we should be aware of? _____
