

DIOCESE OF ALEXANDRIA - Diocesan/Parish/Catholic Schools – Jr. High/ High School

*Liability & Medical Release & Request to Participate Form
(This form is to be completed by all who participate, minor and adult.)*

Participant's Full Name: _____ **Group Leader:** _____

D.O.B.: ____/____/____ **Grade:** _____ **Home Phone:** (____) _____ - _____

Home Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Lives w/ ____ **Parents** ____ **Legal Guardian** ____ **other** _____

Name of Event: (Circle one) **In Your face -- In Your Jr. High Face** **Destination(s)*:** **Cabrini Church, Alexandria, LA**

Designated Supervisor of Activity: _____ **Date(s)*:** _____

Method of Transportation: _____ **Approximate Cost:** _____

*One form should be used for each event.

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I hereby consent to participation by my child, _____, in the event described above under the guidance and supervision of _____ (name of group leader) from _____ (Church / School).

I understand that this event will take place away from the church / school grounds and that my child will be under the supervision of the designated chaperones on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation, and the use of appropriate pictures taken of your child while participating in said event.

The undersigned do hereby release forever, discharge, and agree to hold the above group/church/school, the Diocese of Alexandria and/or Sponsor (*the term "Sponsor" includes the Diocese of Alexandria, all parishes and schools and affiliated programs within it as well as their paid and volunteer personnel*) or any Hospital or Medical Center used while on trip/event harmless from and against any and all liability, claims, demands, lawsuits and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the undersigned and or the participant (if participant is under 18, or 18 and older) while attending activities.

Furthermore, the undersigned hereby assumes all risk of personal injury, sickness, death, damage and expense arising from the undersigned's or participant's (if participant is under 18, or 18 and older) participation in all activities, including recreation and work activities involved in the above activity. In addition, authorization and permission is hereby given to furnish all necessary transportation, food, and lodging for the undersigned or participant (if participant is under 18, or 18 and older).

The undersigned further hereby agree to indemnify and hold the above group/church/school, the Diocese of Alexandria and/or the Sponsor and/or any Hospital or Medical Center used during the event/trip, and their respective members, directors, employees, and agents (collectively, the "Indemnitites"), harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorneys' fees and expenses sustained by the indemnitites as the result of the negligent, willful, or intentional acts of the undersigned and/or participant (if participant is under 18, or 18 and older).

If participant is under 18 years of age: We (I), the parents(s) or legal guardian(s) of the participant, hereby grant permission for our son / daughter to participate fully in the above activity and all of its undertakings, and hereby give our permission to take said participant to doctor or hospital and hereby authorize medical treatment, including, but not limited to, emergency surgery, and we, notwithstanding any question of liability involved in this emergency, fully and completely, assume responsibility for all medical bills. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we(I) assume all responsibility and transportation costs.

Indicate any activities in which you DO NOT wish your child to be involved during this event. _____

Name of Family Physician: _____ **Phone:**(____) _____ - _____

Allergies? Yes or No **Allergic to insect stings?** Yes or No **Currently using Medications?** Yes or No

Please state what allergies and/or current medications (prescribed) your child will bring to this event. (All medication must be well labeled with name of child, name of medication, dosage, and frequency.) _____

Medical History (epilepsy, diabetes, etc.) _____

Date of last tetanus shot: _____

In case of an emergency, please contact:

Hospitalization information: (write N/A if no Insurance)

Name: _____
Address: _____
Day phone: _____
Evening phone: _____
Cell phone: _____

Company: _____
Policy number: _____
Group Number: _____
Phone number: _____
Name of Insured: _____

Father/Mother/Legal Guardian (please print)

Father/Mother/Legal Guardian's Signature

Date

Participant's Name

Participant's Signature

Date

SWORN TO and subscribed before me on this _____ day of _____ 20____.

NOTARY PUBLIC (Printed Name)

(Seal)

NOTARY PUBLIC (Signature)

Notarial Number

My commission expires

