

ADULT CONSENT FORM & LIABILITY WAIVER

Office of Youth Ministry | Diocese of Jefferson City

Participant's Name: _____ Date of Birth: _____

Address _____

City/State/Zip _____

Home Phone: _____

Male Female (please circle)

Parish: _____ Email: _____

CONSENT & LIABILITY WAIVER

Event & Location: _____

Date & Time: _____

Method of Transportation: _____

I acknowledge receipt of the attached information sheet describing the planned event/activity.

I acknowledge that the Diocese of Jefferson City is providing transportation to and from the event/activity. I acknowledge and assume the risk of this transportation. I will comply with the Diocese's rules and procedures. I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, the Diocese of Jefferson City, the Parish and any of its and/or their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action and claims arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my participation in the event/activity, including transportation to and from the event/activity.

Participant Signature

Date

VIDEO/PHOTOGRAPHY CONSENT

Participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office of Youth and Young Adult Ministry and/or the Diocese of Jefferson City. (Participants would not be identified, however, without specific written consent.) Please note that the Parish has no control over the use of photographs or film taken by media that may be covering the event in which you participate.

I hereby expressly assign to the Diocese of Jefferson City, and to all its agents all the rights, title and interest in, and to all photos/videotape recordings made by such in which I appear and/or my voice is used in and in connection with the videotaping of this event. I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or any distribution of said photos/videotape without limitation for any purpose whatsoever; and I further waive all rights to any compensation for my appearance or participation in the photographs/videotape recordings.

Participant Signature

Date

Medical Information

Medical Matters

I hereby acknowledge that I assume all responsibility for my health.

Emergency Contact Info

In the event of an emergency please contact:

Name & Relationship _____

Phone _____

Family Doctor _____

Phone _____

Medical Conditions Information: (Diocesan personnel will take reasonable care to see that the following information will be held in confidence.)

I am:

- Allergic to the following medications _____
- Have had an episode of the following or have been diagnosed with: Seizures Asthma Diabetic
- Have had allergic reactions to the following (foods, dyes, latex, etc.) _____
- Have had a medical surgery within the last six months? Yes No Still under doctor's care? Yes No
- Have a medically prescribed diet (*please explain*) _____
- Have the following physical limitations _____
- Immunizations current and up to date? Yes No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical conditions: _____

Insurance Information: **No, I do not carry medical insurance at this time (circle if applicable)**

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant.

I fully understand the foregoing statements and sign this Adult Consent Form, Liability Waiver & Medical Consent knowingly, freely, and willingly.

Participant Signature

Date