A-1
Prayer & Action

OFFICE OF FAITH FORMATION - YOUTH & YOUNG ADULT MINISTRIES - Catholic Diocese of Wichita
Medical Release and Waiver (revised September 2011)

PLEASE PRINT LEGIBLY IN INK:

Name of Participant_____ Date of Birth ____/____/____

Address _____City_____ State_____ Zip _____

Phone # (____) _____ M F Height _____ Weight _____ Age _____

Emergency Contact # 1 Name: _____ Relationship to participant _____

Address (if different from participant) _____

Contact Home or Cell Phone_____ Contact Work Phone_____

Emergency Contact # 2 Name: _____Relationship to participant _____

Contact Home or Cell Phone _____ Contact Work Phone _____

Insurance Company _____ Policy # _____

List any Allergies/ Present medical conditions/ Activity and/or food restrictions:

_____

List current medications and dosage: _____

Does Participant wear contact lenses? Yes ___ No ___

Medical Authorization:
I/We understand that the Catholic Diocese of Wichita and the Office of Faith Formation assume no responsibility for accidents which may occur in association with diocesan events and activities. I/We agree to use my/our personal insurance to cover any such incidents. I/We understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed above. In the event those individuals cannot be reached, I/We hereby give permission to the physician or any other qualified medical staff selected by the event leader to hospitalize, secure medical treatment, and/or order injection, anesthesia or surgery for Participant as deemed necessary.

Waiver:
I understand all reasonable safety precautions will be taken at all times by the Catholic Diocese of Wichita and the Office of Faith Formation and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to indemnify and hold harmless the Catholic Diocese of Wichita and/or the Office of Faith formation, its leaders, employees and volunteer staff from any claim arising from or in connection with attending this event.

Code of Behavior:
I agree to abide by and/or instruct Participant to abide by all rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if I/Participant fail(s) to abide in any way by the rules, that I/Participant can be dismissed from the trip/event and sent home immediately at my/Participant's expense with no right of reimbursement or refund for any amount in connection therewith from the Catholic Diocese of Wichita or its chaperones/representatives.

Photo Release:
I hereby authorize the Catholic Diocese of Wichita, and its agents to utilize photographic and/or video images of me by the Catholic Diocese of Wichita. In giving my consent, I hereby indemnify and hold harmless the Catholic Diocese of Wichita and it's agents from any and all responsibility or liability. I understand that I will receive no compensation, should any photograph and/or video of me be used.

Signature of Participant _____ Date _____