

Parish Name _____
ADULT CONSENT & EMERGENCY MEDICAL RELEASE FORM

I, *(please print)* _____ do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone these events, also the Archdiocese of Atlanta and its representatives, successors, supervisors, sponsors, organizers and participants for any injuries in connection with the (_____) that is sponsored by (_____). I likewise release from my responsibility any person transporting myself to and from any of the activities. I also give my permission to seek emergency care if an injury or accident should occur. I hereby grant permission for publication of group (two or more persons) photos taken at this event.

I also give permission to seek any emergency care should I be involved in any accident or be injured in any way during such events named above. I understand that in any such instance, all attempts will be made to contact the emergency name listed below. In the event that they cannot be contacted, I hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery should I become incapacitated.

I also agree that I am legally responsible for all/any personal actions during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of my actions/behavior.

Insurance Carrier: _____	Policy #: _____
Insurance Phone #: _____	Birth day: _____

I am allergic to: _____ **Current medication (and dosage):** _____

Other medical, physical, or general information: _____

In Emergency, Notify: _____ **Phone:** _____ **Relation:** _____

Child & Youth Protection Policy

It is the policy of the Archdiocese of Atlanta to have all adults volunteers complete and pass the Safe Environment profile and go through a background check before volunteering with any youth. Additional paperwork may be necessary. ***If you are not yet cleared, or your paperwork has expired, you will be asked to fill out paperwork, including a background check.***

Applicant's Signature: _____ **Date:** _____

Printed Name: _____

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.