

Parish/School: _____

Year: 20__ - 20__

CONSENT AND WAIVER FORM for ADULTS

(Please print)

Participant's Name: _____ Birth Date: _____ Age: _____ Male/Female: _____

Address: _____ City/State: _____ Zip: _____

Home Telephone: (____) _____ Work (____) _____ Cell (____) _____

Emergency Contact: _____ Relationship: _____

Home Telephone: (____) _____ Work (____) _____ Cell (____) _____

2nd Emergency Contact: _____ Relationship: _____

Home Telephone: (____) _____ Work (____) _____ Cell (____) _____

Name of Activity/Field Trip: _____ (hereinafter referred to as the **Activity** and more fully described below).

MEDICAL INFORMATION: List any medical conditions (e.g. diabetes, epilepsy, heart conditions, etc.). Explain (attach additional sheets as necessary): _____

I am taking the following medications:

	<u>Name of Medicine</u>	<u>Dosage</u>	<u>Frequency</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Do you have any allergies? (e.g., insects, hay fever, strawberries, peanuts, etc.) yes no **If yes,** explain (attach additional sheets as necessary): _____

Do you have any allergies or adverse reactions to medications? (e.g., penicillin, ibuprofen, acetaminophen, etc.) yes no **If yes,** explain (attach additional sheets as needed): _____

Do you have any disabilities or physical or developmental limitations? yes no **If yes,** explain (attach additional sheets as necessary): _____

Participant's Primary Physician: _____ Telephone: (____) _____

Health Plan Carrier: _____ Group#: _____ Policy#: _____

Name of primary insured: _____ Date of last tetanus immunization: _____

CONSENT TO TREATMENT: I hereby warrant that to the best of my knowledge, I am in good health and physically able to participate in the Activity and I assume all responsibility for my health and physical condition and my ability to participate. In the event of circumstances that indicate that I am in need of immediate medical care, I authorize and give permission for myself to be transported to a hospital/clinic/medical facility for evaluation and emergency medical or surgical treatment, including any necessary X-ray examination. I authorize any licensed physician or medical center to treat me. **I accept full responsibility for any associated medical or hospital bills.**

LIABILITY WAIVER: In consideration of my participation in the Activity(ies) set forth herein, I do on behalf of myself and my heirs, successors, assigns and next of kin, release, waive, hold harmless, defend and covenant **NOT TO SUE**, (School/Parish), the Bishop of the Diocese of Tulsa, and the Diocese of Tulsa and each of their respective departments, directors, administrators, teachers, officers, agents, representatives, volunteers and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I may suffer due to illness or injury suffered as a result of, or in connection with, participation in the Activity, including without limitation, travel to and from the Activity, housing, meals and collateral entertainment and medical treatment and any consequences that may arise as the result of said treatment, to the fullest extent permitted by law.

LOST OR STOLEN ITEMS: I hereby understand and agree that neither (School/Parish) nor the Diocese of Tulsa nor any of their respective departments, employees, directors, officers, agents, representatives and/or volunteers shall be held liable for any of my personal property lost or stolen during participation in the Activity.

USE OF IMAGE WAIVER: I hereby grant the parish and/or the Diocese of Tulsa permission to use my image and likeness in any television broadcast, photograph, video, internet site, audio-recording, and in any and all of its publications, including website entries (collectively "promotional materials") without payment or any other consideration. I understand and agree that these promotional materials will become the property of the parish and/or Diocese of Tulsa and will not be returned. I hereby irrevocably authorize the parish and/or the Diocese of Tulsa to edit, alter, copy, exhibit, publish or distribute my image or likeness for purposes of publicizing or promoting the parish and/or the Diocese of Tulsa's programs, or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my own likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the promotional materials.

_____ (Initial)

CONDUCT POLICY: I hereby acknowledge that I am to maintain conduct in a manner consistent with the policies of the parish and/or the Diocese of Tulsa. I understand that failure to do so may result in being required to leave the RE/youth activity and/or to discontinue participation in future youth programs and activities at the discretion of the parish, school, and/or the Diocese of Tulsa. Understanding this, I commit to the following (**Initial each**):

_____ I will not possess, obtain, use, or abuse alcohol, tobacco, or any other illegal substances. I understand that failure to abide by this rule will result in my immediate dismissal from the RE/youth activity. I also understand, that, should I be dismissed, I will return home at my own expense. I further understand that I may be required to discontinue participation in future youth activities at the discretion of the parish, school, and/or the Diocese of Tulsa.

_____ I will not possess, obtain, or use a weapon of any kind. I understand that failure to abide by this rule will result in my immediate dismissal from the RE/youth activity. I also understand, that, should I be dismissed, I will return home at my own expense. I further understand that I may be required to discontinue participation in future youth activities at the discretion of the parish, school, and/or the Diocese of Tulsa.

I have read and understand this consent and waiver form & sign it voluntarily and entirely of my own free will.

SIGNATURE: _____ **Date:** _____