

EVENT - ADULT AUTHORIZATION

R21

Diocese of Fresno (DOF) and all Entities of the Diocese of Fresno: Permission for an Adult to Participate in a DOF Activity, Release of Liability, and Consent for Emergency Medical Treatment.

TO THE ADULT PARTICIPANT: You must sign this form to attend and participate in any Parish/Diocese of Fresno-sponsored event, activity, or sport.

YOUR NAME	PARISH NAME (IF APPLICABLE)
NAME OF ACTIVITY/EVENT	CALENDAR YEAR 2021-2022

I am physically fit and capable of participation in this activity. I will follow the rules and instructions of the parish, parish personnel, diocesan personnel, or adult leadership of this activity. I understand that participation in the parish/diocesan sponsored activity involves some risk (including any travel to and from this activity) and that unforeseen events can occur. I am informed and agree that transportation, if involved, may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but not under the supervision or control of the parish.

In exchange for participating in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I (and my successors, heirs, and assigns) may have against the Parish and Diocese of Fresno. I release and discharge the Parish and Diocese of Fresno from all liability or responsibility for death, illness, personal injury, or property damage arising out of the Parish activity and any transportation involved with the Parish/diocesan activity.

This permission, waiver, release, and consent applies to the Parish named, and to the Diocese of Fresno Education Corporation, The Roman Catholic Bishop of Fresno (a corporate sole), the Diocese of Fresno, all other Diocese of Fresno parishes, all schools, affiliated organizations, and their officers, clergy, agents, and employees.

Field Trip Information:

DESTINATION OF FIELD TRIP:	
DEPARTURE DATE AND TIME:	
ESTIMATED RETURN DATE AND TIME:	
MODE OF TRANSPORTATION:	TRIP FEE (IF APPLICABLE):

In the event of an emergency I authorize parish/diocesan personnel or other adult leadership of a parish/diocesan-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. A copy of this form shall be valid as the original and may be given to the adult leader of the activity.

NAME OF PARTICIPANT:	
PHONE NUMBER DURING THE DAY (BEEPER/CELL PHONE)	
PHONE NUMBER DURING EVENING (BEEPER/CELL PHONE)	
SIGNATURE	DATE
OTHER	

2019-2020

DOCTOR'S AND MEDICAL INFORMATION	
DOCTOR'S NAME OR MEDICAL GROUP	
DOCTOR'S PHONE NUMBER	
INSURANCE COMPANY	
INSURANCE POLICY NUMBER	
<input type="checkbox"/> No Family Physician Listed	
DATE RECEIVED AND BY	