

ADULT CONSENT and RELEASE FOR MEDICAL TREATMENT

(For adult participants, 21 years of age or older.)

In case of an emergency, and in the event that I am not coherent or conscious, I hereby grant representatives of the Diocese of Austin, my parish, and/or other adults permission to act on my behalf in seeking emergency medical treatment for myself in the event that such treatment is deemed necessary.

I hereby give my consent and permission to those licensed medical personnel administering medical treatment to do so; including any necessary X-ray examination, medical or surgical diagnosis or treatment, and other evaluation, diagnosis, treatment, medication or hospital care in accordance with standard medical practice.

I further absolve and release Our Lady of Guadalupe Parish, the Diocese of Austin, their representatives, employees, and volunteers; from any liability whatsoever when acting on my behalf in regard to medical treatment, and in any other respect deemed necessary should I become incapacitated.

Additionally, I give my permission to be photographed during activities associated with the above-mentioned event. I understand that said photos/videos may be used for future publicity within the parish, Diocese, and or Catholic Church.

Indemnity Clause

I do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who are affiliated with this event, other participants, Our Lady of Guadalupe Parish, the Catholic Diocese of Austin, Diocesan or parish employees, the event location, and any of the above named parties' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries in connection with the event named above, provided that said injuries are not the result of gross, willful negligence.

I likewise release from liability any person(s), airline, bus company, or other transportation service, transporting me, in a privately owned and/or leased vehicle, to and from any activities connected with the above named event, with the exception of gross negligence due either fully, or in part, to mechanical failure and/or operator error.

Name of Participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Social Security Number: _____
(Required for treatment in most hospitals.)

Insurance Company: _____ Policy Number: _____

Insurance Address/Phone: _____

Place of employment providing Insurance: _____

Please attach a photocopy of the Insurance Card to this Release Form.

Additional comments regarding medical history, allergies, medications, or other conditions: _____

Date of last Tetanus Booster: _____

In the event of an emergency, please contact the person(s) named below:

Name: _____ Relationship: _____

Phone Number(s): _____

I acknowledge that my signature on the bottom of this page signifies that I am in agreement with all the statements on this form. Furthermore, I agree to abide by all policies and expectations regarding adult leaders / chaperones / participants as put forth by the Catholic Diocese of Austin and Our Lady of Guadalupe Church. I will refrain from any actions / behaviors that are not consistent with the teachings of the Catholic Church and any that could be potentially harmful to myself and any other participants.

Signature of Participant: _____ **Date:** _____