

**DIOCESE OF DAVENPORT ADULT PARTICIPATION FORM
REGISTRATION MEDICAL PERMISSION LIABILITY WAIVER PHOTO RELEASE**



Parish/School: _____ Parish/School/Town: _____

Participant Name: _____

Date of Birth: _____ Gender: _____ T-Shirt Size (Adult sizes S-XXXL): _____

Address: _____ City/State/Zip: _____

Phone (include area code) Cell: _____ Home: _____ Work: _____

Emergency Contact

Name: _____ Relationship to Participant: _____

Phone (include area code): _____ Alt. Phone: _____

Insurance Insurance Company: _____ Plan Number: _____

Member ID: _____ Group Number: _____ Policy Holder: _____

Health Date of last Tetanus shot: _____

Food allergies (type and severity): _____

Dietary restrictions: _____

Mobility or Activity limitations: _____

Please note any other allergies, health or behavioral difficulties of which leaders should be aware:

Medications List dosage and frequency for each medication:

Permission & Liability Waiver *I agree to participate in the **Diocese of Davenport's Catholics In Action program on June 25-27, 2018, (crew arrival June 24th) at St. Mary Parish in Solon Iowa.** This activity will take place under the guidance and direction of employees and volunteers from the Diocese of Davenport and employees and/or volunteers from my parish/school named above. I also understand that my participation requires transportation (to and from the event and worksites) that is arranged by me or my parish/school leaders.*

I remain legally responsible for any personal actions taken by me. For value received, I agree to hold harmless and defend the Diocese of Davenport, its employees and agents, chaperones, or representatives associated with the event, and my parish/school named above, its officers, directors, employees and agents, from any claim arising from or in connection with attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese of Davenport, its employees and agents and chaperones, or representatives, or my parish/school named above, its officers, directors and agents, and representatives associated with the event, for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage.

In the event of an emergency, I hereby give permission to the adults supervising this activity to secure proper and adequate treatment for me, including hospitalization, injection, anesthesia or surgery. I accept responsibility for all medical/surgical treatment charges which may be incurred.

Photo Release *I hereby grant permission for photographs taken of me at this event to appear on one or more of the communication media of the Diocese of Davenport (e.g., The Messenger, diocesan websites or social media) or of my parish/school. I understand that these images will be used only in relation to these publications and this event. Any other use of said images will require my full written consent. (NOTE: If you do not grant permission, you must indicate such in a written letter to the Diocesan Coordinator of Youth Ministry, 780 West Central Park Ave., Davenport, IA 52804. This written notification must arrive at stated address no less than 5 business days prior to the event date.)*

Signature: _____ Date: _____