

Medical Release and Waiver
Catholic Diocese of Dodge City

PLEASE FILL ELECTRONICALLY AND PRINT OR WRITE LEGIBLY IN INK:

Name of Participant _____ Date of Birth ____/____/____

Address _____ City _____ State _____ Zip _____

Phone # (____) _____ M F Height _____ Weight _____ Age _____

Emergency Contact # 1 Name: _____

Relationship to participant _____

Address (if different from participant) _____

Contact Home or Cell Phone _____ Contact Work Phone _____

Emergency Contact # 2 Name: _____

Relationship to participant _____

Contact Home or Cell Phone _____ Contact Work Phone _____

Insurance Company _____ Policy # _____

List any Allergies/ Present medical conditions/ Activity and/or food restrictions:

List current medications and dosage: _____

Does Participant wear contact lenses? Yes ___ No ___

Medical Authorization :

I/We understand that the Catholic Diocese of Dodge City and the Offices of Youth and Young Adult Ministry assume no responsibility for accidents that may occur in association with diocesan events and activities. I/We agree to use my/our personal insurance to cover any such incidents. I/We understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed above. In the event those individuals cannot be reached, I/We hereby give permission to the physician or any other qualified medical staff selected by the event leader to hospitalize, secure medical treatment, and/or order injection, anesthesia or surgery for Participant as deemed necessary.

Permission for Other Medical Matters:

___ YES, in the event it comes to the attention of the diocesan and/or parish chaperones that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to Participant.

Waiver:

I understand all reasonable safety precautions will be taken at all times by the Catholic Diocese of Dodge City and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to indemnify and hold harmless the Catholic Diocese of Dodge City, its leaders, employees and volunteer staff from any claim arising from or in connection with attending this event.

Code of Behavior:

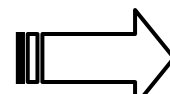
I agree to abide by and/or instruct Participant to abide by all rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if I fail to abide by the code of conduct, that I can be dismissed from the event and sent home immediately at my expense with no right of reimbursement or refund for any amount in connection therewith from the Catholic Diocese of Dodge City or its chaperones/representatives.

- I agree to look for ways to serve others with a joyful attitude, so I can help people like Jesus did.
- I am aware that my actions affect people other than just me. I agree to obey all local laws and ordinances pertaining to use of drugs and alcohol by minors. I will not bring or use any weapon or illegal substance during my mission trip week.
- It matters how I treat people's things, so I agree that I will respect the property of all participants, the community members and the housing site where we stay. My actions will show my love for Jesus and others. I will keep in mind the purpose of the trip and my job of showing Jesus to the community.
- I agree to stay within the designated boundaries, follow rules at ministry sites, stay in groups of three or more, and respect gender-specific areas.
- I will respect my group, the community and myself by dressing modestly.

Photo Release:

I hereby authorize the Catholic Diocese of Dodge City, and its agents to utilize photographic and/or video images of me or my child by the Catholic Diocese of Dodge City. In giving my consent, I hereby indemnify and hold harmless the Catholic Diocese of Dodge City and its agents from any and all responsibility or liability. I understand that I will receive no compensation, should any photograph and/or video of me or my child be used.

Over



Parental
Permission

I (We), the parent(s)/guardian(s) of _____, request that my (our) child be allowed to participate in the following activity, and do hereby grant permission for the child named above to participate in this activity:

Name of event:

Please indicate location and dates of event:

Town : _____ Dates: _____.

Transportation to this event will be provided by (check one):

- Parish adult chaperones using private or rental vehicles
- Individuals must provide their own transportation
- Other (describe) _____

Transportation to and from the work sites during the week will be provided by approved adult chaperones and staff.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

