



# Medical Release and Waiver Catholic Diocese of Dodge City

PLEASE FILL ELECTRONICALLY AND SUBMIT VIA EMAIL TO: gheimerman@dcdiocese.org

### Event Details:

Event: \_\_\_\_\_ Location: \_\_\_\_\_ Event Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Participant:

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

**Emergency Contact # 1 Name** \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Address (if different from participant) \_\_\_\_\_

Contact Phone (home or cell) \_\_\_\_\_ Contact Phone (work) \_\_\_\_\_

List any allergies, present medical conditions, activity and/or food restrictions: \_\_\_\_\_

List current medications and dosage: \_\_\_\_\_

Does the participant wear contact lenses: Yes \_\_\_\_\_ No \_\_\_\_\_

### Medical Authorization:

I/We understand that the Catholic Diocese of Dodge City assumes 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 person listed above. In the event these individuals cannot be reached, I/We hereby permit 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 I/my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to the participant.

### Waiver:

I/We understand that the Catholic Diocese of Dodge City and its agents will take all reasonable safety precautions at all times 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.

### Photo Release:

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

(continued on pg 2)

**Code of Behavior:**

I understand that I am personally responsible for reading and abiding by these policies and standards of behavior contained, including any revisions posted on the diocesan website: <http://www.dcdiocese.org/safe-environment/policy-code-requirements>

- I agree to look for ways to serve others with a joyful attitude.
- I am aware that my actions affect people other than just me.
- I will respect the property of other participants.
- I agree to stay within activity boundaries and in groups of 3 or more, and respect gender specific boundaries.
- I will respect my group and myself by dressing modestly.

**Parental Permission:**

I/We the parent(s)/guardian(s) of above child request that my/our child be allowed to participate in the listed activity and do hereby grant permission for the child named above to participate in the same activity.

**Transportation:**

I/We understand that we are responsible for getting our child to the said event location. I/We understand that if our minor child drives themselves, they are not allowed to leave/drive additional minors during the activity/program.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Serving as an Event Chaperone – Adults only Catholic Diocese of Dodge City

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**(Students participating in college week do NOT need this form.)**

### Liability Release Code of Conduct:

The information provided in this form is correct to the best of my knowledge. I understand that in signing this document, I authorize verification of this information through communication with any person or organization named here- in. I release from liability any person or organization which provides such information, as well as the Diocese of Dodge City, its Catholic schools and its parishes.

Should I be accepted for service, I agree to maintain personal propriety in my conduct with young people and to conduct myself so as not to cause discomfort or give scandal to those whom I serve and with whom I work. I understand that failure to do so will serve as sufficient grounds for immediate dismissal from service.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Safe Environment Procedures:

Yes \_\_\_\_\_ No \_\_\_\_\_ I have taken the three-hour Protecting God's Children training session

Where \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ I have read and signed the "Policy for the Protection of Children and Young People and the Code of Pastoral Conduct" given to you at Safe Environment training session. I understand that I am personally responsible for reading and abiding by these policies and standards of behavior contained, including any revisions posted on the diocesan website: <http://www.dcdioocese.org/safe-environment/policy-code-requirements>

### Volunteer Driver Information Sheet:

Name of Driver \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ State issued \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Vehicle Make and Model \_\_\_\_\_

Owner's Name \_\_\_\_\_

Auto Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please be aware that in case of an accident, your listed insurance on this vehicle will be the primary coverage.**

Thank you for helping us with our transportation needs.