

Diocese of Corpus Christi and/or Parish of

Adult Participant's Release of Liability and Medical Release Form

Name: _____

Parish: _____ **Daytime Phone #** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

Name of Event: _____ **Date(s) of Event:** _____

Location of Event: _____

Health Insurance Carrier: _____

Insurance ID Number: _____ **Insurance Policy Number:** _____

I agree on behalf of myself, my heirs, successors, executors, personal representatives and assign to protect, indemnify, save, and hold harmless the Diocese of Corpus Christi, and _____ parish, and their officers, directors, agents employee, or representatives associated with this event/trip from all damages, claims, suits, expenses and payment on account of or resulting from conditions stated on or resulting from any such injury, death, or damage to property, including resulting from the negligence of the Diocese of Corpus Christi, and parish, and/or their officers, directors, and employees arising from or in connection with my attending youth ministry events. In the event that any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all court costs, reasonable attorneys fees and expenses incurred by the prevailing party. In the event that I should require medical treatment and am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that I have the following allergies:

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Emergency Contact Name: _____

Relationship to me: _____

Day Time Phone #: _____ **Night Time Phone #:** _____

(Signature)

(Date)