ROMAN CATHOLIC DIOCESE OF BURLINGTON
Office of Catholic Formation
Fifty-five Joy Drive
South Burlington, Vermont 05403
(802) 658-6110

ADULT MEDICAL WAIVER, LIABILITY & PHOTO RELEASE AGREEMENT

I, _____, choose to attend the _____YOUTHLEAD WEEKEND_____located at
(Print Name of Adult) *(Event Name)*
Saint Ann's Shrine_____ in ___Isle la Motte_____ on ___October 5-6_____, and I agree to
(Location of Event) *(City/Town and State)* *(Dates)*

assume all responsibility associated with this event. I hereby authorize to the Parish trust/Catholic School of_____,
(Name of Parish trust/Catholic School AND City/Town)

and the Diocese of Burlington, its directors, officers, employees, staff members, faculty, representatives, volunteers and agents my permission to seek emergency medical attention for myself if, in their judgment, such attention is warranted and I am not immediately available to grant such permission. I agree to be in all ways responsible for any and all expenses associated with any and all medical care furnished to me.

The Diocese of Burlington has sufficiently explained the nature, extent, and requirements of this event and I am aware of and accept the associated risks of participation in this event. I agree to release and hold the Parish trust/Catholic School and the Diocese of Burlington and their directors, officers, employees, staff members, faculty, representatives, volunteers and agents forever harmless and indemnified against and from any and all claims or right of action for damages which I may acquire either before or after I have reached majority, including but not limited to all bodily injuries and property damages, and including any legal fees in defending such a claim, resulting from, arising out of, or during, or in any way connected with this event. I also agree to release and hold the Parish trust/Catholic School and the Diocese of Burlington and their directors, officers, employees, staff members, faculty, representatives, volunteers and agents forever harmless and indemnified against and from any and all claims or right of action for damages which I have or hereafter may acquire either before or after I have reached the majority, including but not limited to all bodily injuries and property damages, and including any legal fees in defending such claim, resulting from, arising out of, or during, or in any way connected with this event.

_____ _____
(Signature of Adult) *(Date)*

Emergency Contact Name & Telephone Number(s) where Contact Person can be reached during the event:

Name: _____ Relationship: _____

(1) (_____)_____; (2) (_____)_____;

Are you currently taking any ***prescription/ over the counter*** medication? **___ NO ___YES** If yes, please list the medication(s) and their dosages below. Please use the back of this form for additional information.

Medication: _____ Dosage: _____

Do you have any allergies to food and/or medications? **___ NO ___ YES** If yes, please list & explain (use back of form if more space needed)

_____

Participant's Primary Care Physician: _____Physician Phone: _____

Participant's Medical Insurance Company: _____ Policy #: _____

PHOTO RELEASE INFORMATION:

I grant to the Diocese of Burlington, its directors, officers, employees, staff members, faculty, representatives, volunteers and agents the right to take photographs of me and my property in connection with the above-identified subject. I authorize the Diocese of Burlington, its assigns and transferees to copyright, use and publish the same in print and/or electronically.
I hereby authorize that the Roman Catholic Diocese of Burlington or the parish trust/school named on the registration form to use the name, voice and likeness of myself in any manner, form or way relating to communication production in any media, and I hereby release these entities from any and all claim associated therewith in connection the ___YouthLead_____.
(Event Name)

I have read, understand and agree to the above photo release statement. **___ NO ___YES**
Print Name: _____ **Signature:** _____ **Date:**_____