



Roman Catholic Diocese of Burlington

Office of Pastoral Ministries & Office of Catholic Schools

Adult Medical Waiver, Liability & Photo Release Agreement

I, _____, choose to attend the _____ located
at _____

(Print Name of Adult)

(Event Name)

_____ in _____ on _____, 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 _____.

(Event Name)

I have read, understand and agree to the above photo release statement. ___ NO ___ YES

Print Name: _____

Signature: _____ Date: _____