

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 _____ in _____ on _____, and I agree to
(Print Name of Adult) *(Event Name)*
(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, agents and Bishop John McDermott 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: _____

Appendix A-3 PROFESSION OF FAITH

I, _____, with firm faith believe and profess everything that is contained in the symbol of faith, namely:

I believe in one God, the Father, the Almighty, maker of heaven and earth, of all that is seen and unseen. I believe in one Lord, Jesus Christ, the only Son of God, eternally begotten of the Father, God from God, Light from Light, true God from true God, begotten, not made, one in Being with the Father. Through him all things were made. For us men and for our salvation he came down from heaven: By the power of the Holy Spirit he was born of the Virgin Mary, and became man. For our sake he was crucified under Pontius Pilate: he suffered, died and was buried. On the third day he rose again in fulfillment of the Scriptures; he ascended into heaven and is seated at the right hand of the Father. He will come again in glory to judge the living and the dead, and his kingdom will have no end. I believe in the Holy Spirit, the Lord, the giver of life, who proceeds from the Father and the Son. With the Father and the Son he is worshiped and glorified. He has spoken through the Prophets. I believe in one, holy, catholic and apostolic Church. I acknowledge one baptism for the forgiveness of sins. I look for the resurrection of the dead, and the life of the world to come. Amen.

With firm faith I also believe everything contained in God's word, written or handed down in tradition and proposed by the Church, whether by way of solemn judgment or through the ordinary and universal Magisterium, divinely revealed and calling for faith.

I also firmly accept and hold each and everything that is proposed definitively by the Church regarding teaching on faith and morals.

Moreover, I adhere with religious submission of will and intellect to the teachings which either the Roman Pontiff or the college of bishops enunciate when they exercise the authentic Magisterium, even if they proclaim those teachings by an act that is not definitive.

Signed _____

Place: _____

Date: _____

In the presence of: _____