

**ADULT MEDICAL INFORMATION AND LIABILITY WAIVER**

This form must be completed by every adult and chaperone attending the event.

Name \_\_\_\_\_ T-shirt size (if you want a T-shirt) \_\_\_\_\_

Address \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Parish/School \_\_\_\_\_ Parish/School City \_\_\_\_\_

I, \_\_\_\_\_, choose to attend "Youth Day 2024" to be held at Marycrest Convent Monroe, NY 10950 on Saturday, August 3, 2024. I assume all responsibility for my health. In the event of an emergency, I hereby give permission to be transported to a hospital for medical or surgical treatment; I wish to be advised, prior to any further treatment by the hospital or doctor. If needed, I agree to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend

\_\_\_\_\_, Parish/School its directors, agents, employees, or representatives from any and all liability for illness, injury or death arising from or in connection with my participation in the event. I relieve the *Parish Visitors of Mary Immaculate* of all responsibility and consequences that may arise as a result of medical treatment and/or participation in "Youth Day 2024". Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment. I agree to compensate the parish, its officers, directors and agents, and the *Parish Visitors of Mary Immaculate* its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school/*Parish Visitors of Mary Immaculate*.

**In the event of emergency, please contact the following person.**

NAME & RELATIONSHIP: \_\_\_\_\_

PHONE (DAY) \_\_\_\_\_ (CELL) \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE \_\_\_\_\_

Health Plan Carrier: \_\_\_\_\_ Policy number \_\_\_\_\_

**MEDICATIONS:** I am taking medication at present. I will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for taking such medications, including dosage and frequency of dosage is as follows:

\_\_\_\_\_  
\_\_\_\_\_

**You should be aware of the following medical conditions, allergic reactions, etc:**

\_\_\_\_\_

**Initial here \_\_\_\_\_ if you do NOT give permission for photographs or video recordings** of you taken during the course of this event that their image may be used in either print, electronic, or video form for promoting youth ministry or the mission of the *Parish Visitors of Mary Immaculate*.

As a representative of the Catholic Church, I understand that I am expected to be a role model for the youth attending this event. I fully understand the consequences of the foregoing statements and sign this ADULT MEDICAL INFORMATION AND LIABILITY WAIVER form knowingly, freely, and willingly. In signing below, I indicate that I am in compliance with the policies and guidelines for the Archdiocese of New York regarding the USCCB Charter for the Protection of God's Children and Young People (Safe Environment)

**Signature:** \_\_\_\_\_ **Print name:** \_\_\_\_\_ **Date:** \_\_\_\_\_