

Marycrest Youth Day - Young Adult Participant Registration Form - 18-25 years old

Young Adult Participant Medical Information and Liability Waiver



Each Young Adult participant (18-25 years old) who is NOT a Group Leader, Chaperone, or Volunteer must sign this form.

Name _____ Cell: _____
Address _____
T-shirt size _____ Email: _____
Parish/School _____ Parish/School City _____

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*.

Release of Liability/Medical Release

I, _____ (full name), agree on behalf of myself, my heirs, assigns, executors and personal representatives, to hold harmless and defend _____ (name of parish/school), its officers, directors, employees and agents, the *Parish Visitors of Mary Immaculate*, its employees and agents, chaperones or representatives associated with the event, from any claim arising from or in connection with my attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the *Parish Visitors of Mary Immaculate*, its employees, agents, chaperones or representatives 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 that I should require medical treatment and I 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 of the following:

Allergies: _____

(Optional) Medical conditions: _____

(Optional) Medications: _____

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

Name: _____ Relationship to me: _____

Daytime phone: () _____ Evening phone: () _____

Health insurance carrier: _____

Insurance ID number: _____ Insurance policy number: _____

Signature: _____ **Print name:** _____ **Date:** _____