



MEDICAL & LIABILITY RELEASE FORM

Family Life Office + 918-307-4939 + familylife.office@dioceseoftulsa.org

PLEASE PRINT LEGIBLY IN INK.

Participant Name _____

Address _____

City _____ State _____ Zip _____

Insurance Company _____

Policy # _____

Male OR Female

Date of Birth (m/d/yr) ____/____/____

Height ____ ft ____ in Weight ____ lbs

Contact wearer: Yes No

EMERGENCY CONTACT

#1 Name _____

Cell Phone _____

Relationship to participant _____

Home Phone _____

*** Must be a Parent / Guardian if participant is under age 18. ***

Work Phone _____

#2 Name _____

Cell Phone _____

Relationship to participant _____

Home Phone _____

Work Phone _____

List any allergies / present medical conditions with current medications and dosage / activity and/or food restrictions:

PERMISSION TO RECEIVE MEDICAL TREATMENT

YES, I grant permission in the event I/my child is injured or becomes ill for all necessary medical care and treatment to be administered to me/my child and to use my/our personal insurance to cover such incidents.

I understand that reasonable efforts will be made to contact the Emergency Contacts listed above in the event that something happens which requires immediate medical attention; but if the leaders/chaperones are unsuccessful in contacting such person(s) named above, permission is expressly granted to the chaperone or trip leader and/or their representative any medical or legal authority which I/parent/guardian might otherwise possess if they were present during such an emergency or urgent situation, including the emergency transport and care of the injured party.

YES, I hereby give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician.

PARENTAL PERMISSION FOR OTHER MEDICAL MATTERS FOR MINORS

YES, in the event it comes to the attention of the trip leaders/chaperones that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to my child.

RELEASE OF LIABILITY

I understand all reasonable safety precautions will be taken at all times by the Catholic Diocese of Tulsa and their agents during travel, events, and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk.

On behalf of myself, my heirs, assigns, executors, and/or personal representatives, I, the undersigned, do hereby release, forever discharge and agree to hold harmless the Catholic Diocese of Tulsa and its respective members, officers, directors, employees, agents, sponsors and promoters from and against any and all kind of liability, claims, demands, lawsuits, and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or the undersigned's minor child.

I further agree to indemnify and hold harmless the Catholic Diocese of Tulsa and its respective members, officers, directors, employees, agents, sponsors and promoters from any and all liability, claim, loss, damage, cost or expense and waive any such claims against persons or organizations arising directly or indirectly from or attributable in any action or omission to act of any such person or organization in connection with the sponsorship, organization and execution of the event named.

PARTICIPANT'S CODE OF BEHAVIOR

YES, I agree to abide by and/or instruct my child to abide by all rules and regulations as written and/or outlined in the event preparation information (i.e. youth or young adult contract) and as instructed during the event by the trip leaders/chaperones and/or their representatives. I agree that if I/my child fail(s) to abide in any way by the rules, that I/my child can be dismissed from the trip/event and sent home immediately at my expense with no right of reimbursement or refund for any amount in connection therewith from the Catholic Diocese of Tulsa, their leaders, employees, volunteer staff, and chaperones/representatives.

This is a legal document. With my signature I hereby acknowledge that I have read, understand, give permission to and release the aforementioned parties.

Signature of Participant _____ Date _____

Signature of Parent/Guardian* _____ Date _____

**Required if participant is under 18 years of age*

PARENTAL PERMISSION TO PARTICIPATE

**Required if participant is under 18 years of age*

I (We), the parent(s)/guardian(s) of: _____ request that he/she be allowed to participate in the following activity, and do hereby grant permission for the youth named above to participate in this activity:

Name of event: **March for Life Pilgrimage**
Location of event: **Washington, D.C.**
Time frame of event: **January 20-25, 2009**

Signature of Parent/Guardian _____ Date _____

Printed Name of parent/guardian _____

Please sign and return by December 5th, 2008 to: 2009 MARCH FOR LIFE
FAMILY LIFE OFFICE
P.O. BOX 690240
TULSA, OK 74169