

Archdiocese of Oklahoma City Vocations Office

School/Parish Year: 2019

LIABILITY WAIVER & MEDICAL CONSENT FORM FOR ADULTS

This Form is required from all adults for youth trips/activities, including field trips, outside your local area (more than sixty (60) miles from your church or school). It must be used for all overnight trips. A separate copy of this waiver must be completed for each adult participant (hereinafter the "Participant").

Name of Activity: Quo Vadis Days 2019 (hereinafter referred to as the **Activity** and more fully described below).

(Please print)

Participant's Name: _____ Birth Date: _____ Age: _____

Address: _____ City/State: _____ Zip: _____

Home Telephone: (____) _____

Cell (____) _____

Emergency Contact: _____ Relationship: _____

Home Telephone: (____) _____ Cell: (____) _____

Second Contact: _____ Relationship: _____

Home Telephone: (____) _____ Cell: (____) _____

LOST OR STOLEN ITEMS: I hereby understand and agree that neither the Archdiocese of Oklahoma City or Vocations Office nor any of their respective employees, directors, officers, agents, representatives and/or volunteers shall be held liable for any of my personal property lost or stolen during participation in the Activity.

MEDICAL CONDITIONS INFORMATION:

Any medical conditions we need to be aware of:

· Has had an episode the following or has been diagnosed: Seizures Asthma Diabetic

· Allergies/Allergic Reactions: _____

· Has had a medical surgery within the last six months? Yes No Still under doctor's care? Yes No

INSURANCE AND PRIMARY PHYSICIAN INFORMATION:

Participant's Primary Physician: _____ Telephone: (____) _____

Health Plan Carrier: _____

Group#: _____ Policy#: _____

Name of primary insured: _____

I do not carry medical insurance at this time. Initial _____

MEDICAL PERMISSIONS (LIMITED): As a condition of attending the Activity, I grant permission in the event of an emergency or accident rendering me unconscious for emergency medical care to be administered to me onsite and/or during or after transportation to a hospital or doctor for emergency medical care. I understand that I remain responsible for my own medical expenses.

LIABILITY WAIVER: I agree to accept and assume all risks associated with participation in recreational or other activities during the trip. In consideration of the arrangement set forth herein, I do on behalf of myself, my respective heirs, successors, assigns and next of kin, release, waive, hold harmless, defend and covenant **NOT TO SUE**, Vocations Office of the Archbishop of the Archdiocese of Oklahoma City, and the Archdiocese of Oklahoma City and each of their respective departments, directors, administrators, teachers, officers, agents, representatives, volunteers and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I may suffer due to illness or injury suffered as a result of, or in connection with, participation in the Activity, including the administration of authorized medications, medical treatment and any consequences that may arise as the result of said treatment, including without limitation, travel to and from the Activity, housing, meals and collateral entertainment to the fullest extent permitted by law.

I certify to you that the information contained herein is true and correct to the best of my knowledge and that I fully understand the terms and legal consequences of my execution of this LIABILITY WAIVER & MEDICAL CONSENT FORM.

SIGNATURE:

Name (please print): _____

Signature: _____ **Date** _____

Permission to use Photographic or Videotape Images of Participant

____ I, hereby give permission to be photographed or videotaped during **Quo Vadis Days 2019** and consent to the use by the Vocations Office and the Archdiocese of Oklahoma City any videotapes, photographs, slides, audiotapes or any other visual or audio reproduction produced by the Vocations Office and/or the Archdiocese (the "Materials"). I understand that these Materials may be used for promotion activities of the Vocations Office and/or Archdiocese which may include recruitment, fund-raising, advocacy, etc. These materials may appear in published materials and may appear on the Vocations Office and/or Archdiocesan web-site. I give my consent to any such uses the Vocations Office and/or Archdiocese deems appropriate without acknowledgement and without being entitled to remuneration or compensation.

I release the Vocations Office, the Archbishop of Oklahoma City and the Archdiocese and the respective employees, staff and volunteers of each, from any and all liability or damages incurred in connection with the use of my picture, name or voice recording as part of, or in connection with, the activities described above or similar activities.

Execution attests that the individual gives permission for the use of their likeness, name or voice in the manner set forth below.

Date: _____

Signature: _____

OR

____ I do not want my likeness or voice included in any newspaper, magazine, web-site, television, etc. or published materials.

Date: _____

Signature: _____