

LIABILITY/MEDICAL RELEASE FORM – ADULT PARTICIPANT

ONE FORM MUST BE COMPLETED FOR EACH ADULT ATTENDING!

Participant's Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ E-mail _____

I, _____ (name), am attending _____ (Event Name) to be held on ____/____/____. If needed for health reasons, I give permission for myself to be evaluated, diagnosed, treated and/or given medication in accordance with standard medical practice by licensed medical personnel. I relieve St Aloysius Parish and the Diocese of Bridgeport of all responsibility and consequences that may arise as a result of this treatment. I will not hold the St Aloysius Parish and the Diocese of Bridgeport liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

I agree to abide by all rules and regulations stated by St Aloysius Parish and the Diocese of Bridgeport. I understand that any St Aloysius Parish and Diocese of Bridgeport staff will not be held liable if I fail to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the event at my expense.

I give permission to any staff of St Aloysius Parish and the Diocese of Bridgeport to photograph, videotape, and/or film myself and to use my image in photographs, video, and/or film for the purpose of promoting the mission, activities, and programs of the Midnight Run. I understand that I am not entitled to any compensation or rights in these materials, and I release St Aloysius Parish and the Diocese of Bridgeport from any liability for the use of my image for the above stated purposes.

DATE: _____

SIGNATURE OF ADULT PARTICIPANT

Family Physician _____ Phone (____) _____

Allergies or Medical Conditions (be specific) _____

Current Medications _____

Medical History (be specific) _____

Medical Insurance Provider _____ Insurance # _____

In case of emergency, please contact:

Name _____ Phone (____) _____ Cell (____) _____

Name _____ Phone (____) _____ Cell (____) _____