

Young Adult Retreat, September 22-23, 2018

Required Form for Adult Participants

Authorization for Medical Treatment

In the event of a medical and/or emergency situation, I hereby authorize necessary treatment, administration of anesthesia and/or surgical treatment(s) for myself when deemed necessary by any physician, hospital medical staff or other appropriate medical personnel. I furthermore agree to release, indemnify and hold harmless the Roman Catholic Diocese of Burlington, the parish trust/school named on the registration form, their officers, directors, employees, staff members, volunteers and agents, from and against any and all claims for damages related to administration of emergency medical care as authorized in this statement.

Acknowledgement of No Insurance Coverage – Benefits

I hereby acknowledge that neither the Roman Catholic Diocese of Burlington nor the parish trust/school named on the registration form, are providing insurance coverage of any kind for any of the participants, including, but not limited to, life, health, accident, disability, liability, or any other kind of insurance whatsoever. I agree to undertake responsibility for any and all losses, damages, liabilities or expenses associated with, or arising from, the Young Adult Retreat, 2018. I understand that it is my sole responsibility to acquire insurance to provide the appropriate coverage(s) for the risks associated with participation in these events.

Liability Release – Adult Participants

I hereby release and agree to hold harmless the Roman Catholic Diocese of Burlington and the parish trust/school named on the registration form, their officers, directors, employees, staff members, volunteers, and agents from any and all liability, claims and/or damages for personal injury, property loss or other damage which may result to myself. I further state that I am physically fit and able to participate in the Young Adult Retreat, 2018.

Media Release – Adult Participants

I hereby authorize the Roman Catholic Diocese of Burlington or the parish trust/school named on the registration form to use the name, voice and likeness of myself in any manner, form or way relating to communication production in any media, and I hereby release these entities from any and all claims associated therewith in connection with the Young Adult Retreat, 2018.

_____	_____	_____
Full Name	Date of Birth	Gender

Address Street, City and Zip		
_____	_____	
Phone	Parish	

Email	_____	
_____	_____	
Emergency contact	Cell	
_____	_____	
Health Insurance Provider	Policy Number	

List any medical conditions		
_____	_____	
Physician (if applicable)	Signature	

Please complete this form and bring it to the retreat on September 22