Adult Liability Waiver & Medical Form
REACH Volunteer (2026 - 2027)

General Information

Family Name: _____
Is family a registered member of Our Lady of Mercy Parish? _____

My Home Parish is _____

OLM Parishioner?
- ____ Registered Parishioner at Our Lady of Mercy (OLM)
- ____ Family attends OLM regularly, but is not registered at OLM
- ____ Family attends different parish, but participates at OLM
- ____ Family is new to area and has not selected church yet
- ____ Other: _____

NOTE: Your answer will not affect your volunteering. We welcome everyone. But please answer honestly, so we can correctly add you to our databases. Thank you.

I would like to volunteer for the following positions in the REACH Programs:

___ Faith Buddies

___ The Buddy Social

___ REACH – Adult Catechist
___ REACH – Adult Teacher Assistant
___ REACH – Aide

Volunteer Information

First Name: _____ Middle Name: _____ Last Name: _____

Informal Name: _____ (This name will be used on name tags.)

Email: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

GENERAL PERMISSIONS

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Parish, Our Lady of Mercy Catholic Church, and the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation.

Participant's initial _____

VIDEOS, PHOTOS, and VIRTUAL PLATFORMS

Videos/photos may be taken during this event. This authorization form constitutes permission for my child(ren)'s participation in video and/or photos which may be used for future promotional efforts including the parish and /or Diocese of Joliet website. Additionally, this form constitutes permission to participate in virtual platforms such as Zoom, Google, Seesaw, etc. for the purpose of programmic content.

Participant's initial _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid by the people in charge of the event and those transporting to and from the event as their judgement deems advisable and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. 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. I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery if deemed necessary. ***I also understand that I will be responsible for any costs incurred.***

Participant's initial _____

CODE OF BEHAVIOR

I acknowledge that I am representing our diocese/parish during this event, and I will represent us well. I will adhere to all Diocesan Guidelines and display responsible, mature, and respectful behavior in my words, actions, and usages.

EXPECTATIONS

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverages is prohibited.
6. The possession of any illegal substances is prohibited and subject to legal action.
7. Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited.
8. Weapons and/or drug paraphernalia are prohibited.

INFRACTION OF THESE RULES CAN MEAN IMMEDIATE DISMISSAL WITH NO REFUND.

I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I will be responsible for any and all costs related to the participants dismissal from said events and activities and any and all costs assessed by local authorities.

Participant's Initial _____

MEDICAL INSURANCE INFORMATION

Our Diocese asks for the information below to assure for child safety when they are in the care of the parish program.

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____ I.D.#_____

Insurance Phone: _____

Authorized Physician: _____

Physician Phone: _____

EMERGENCY CONTACTS

Contact information for who to call in case of an emergency and unable to contact parents.

Name: _____

Phone: _____

Relation: _____

Name: _____

Phone: _____

Relation: _____

Participant Name: _____

Participant Signature: _____ Date: _____