Rev 10/2021

DIOCESE OF JOLIET

Adult Liability Waiver & Medical Form

Participant Name	FIRST	LAST	
Address			
City		**State**	**Zip**
Email		**Cell Phone**	

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 Church, Aurora

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 in the trip.

VIDEOS, PHOTOS, and VIRTUAL PLATFORMS

Videos and or/photos may be taken during this event. This authorization form constitutes permission to use my image in video and/or photos which may be used for future promotional efforts including the parish and/or Diocese of Joliet website. *If you wish to* ***opt out*** *of this permission initial here:* ***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 dismissal from said events and activities and any all costs assessed by local authorities.***

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.***

MEDICAL INFORMATION

ALLERGIC TO MEDICATIONS: **YES** ☐ **NO** ☐

If **YES**, please describe:_____

_____

ALLERGIC TO OTHER: _____

_____

OTHER CONDITIONS: _____

_____

INSURANCE INFORMATION

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____ I.D.#

Insurance Phone: _____

Authorized Physician: _____

Phvsician Phone:

EMERGENCY CONTACT

In the event of an emergency please contact:

Name: _____

Phone: _____ **Relation**_____

Name: _____

Phone: _____ **Relation**_____

Participant Name	(Please Print)		
Participant Signature		**Date**	