



## MEDICAL/LIABILITY RELEASE FORM

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### PARTICIPANT'S INFORMATION: *(please print)*

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ GENDER: (circle one)    male            female

HOME PARISH: \_\_\_\_\_ PARISH CITY/TOWN: \_\_\_\_\_

### MEDICAL INFORMATION:

DOCTOR: \_\_\_\_\_ DOCTOR PHONE #: \_\_\_\_\_

INSURANCE CO.: \_\_\_\_\_ POLICY #: \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_

### PARTICIPANT'S ALLERGIES (including medications and food):

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### PARTICIPANT'S CHRONIC MEDICAL PROBLEMS (e.g. diabetes):

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### CURRENT MEDICATIONS:

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EMERGENCY CONTACT INFORMATION:

CONTACT NAME (1): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CONTACT NAME (1): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

WAIVER:

I, \_\_\_\_\_, the undersigned, give permission for myself/my child to participate in TOTUS TUUS to be held by the Roman Catholic Diocese of Portland. I understand this event will take place under the guidance and supervision of responsible employees/volunteers from the parish and diocese and, if needed, give permission for myself/my child to be evaluated, diagnosed, treated/medicated in accordance with standard medical practice by licensed medical personnel. I relieve the parish, diocese, and volunteer leaders of all responsibility and consequences that may arise because of this treatment. I will not hold the parish, diocese, or representative associated with this event responsible in the event of injury. If I cannot be reached in case of an emergency I give permission for the parish coordinator to act on my behalf. Further, I agree to accept any and all financial responsibility related to such care.

I/my child agrees to abide by all the rules as outlined in the Code of Behavior/Ethics.\* The parish and diocese will not be liable if myself/my child fails to cooperate with said rules and any infractions may result in immediate dismissal from this event. I will accept responsibility for costs for immediate transportation home. I understand that I am legally responsible for the behavior of myself/my child.

SIGNATURE/LEGAL GUARDIAN: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DIGITAL MEDIA RELEASE:

I hereby grant to the diocese and my parish consent without reservation to use, assign, convey, reproduce, copyright, publish or sell my/my child's image, voice, and/or likeness that arises from my/his/her participation in TOTUS TUUS, whether still or motion pictures, audio or video tape, for promotional, instructional, business, or any other lawful purposes, at the parish's or diocese's sole discretion.

SIGNATURE/LEGAL GUARDIAN: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

\* The Diocesan Code of Ethics can be found online: <http://www.portlanddiocese.org/protecting-gods-children/code-of-ethics>