



Diocese of Portland Catholic Youth Ministry Convention

Medical, Liability Release, & Use of Image Waiver Form

EMERGENCY CONTACT INFORMATION:

CONTACT NAME: _____

RELATIONSHIP: _____

HOME PHONE #: _____

CELL PHONE #: _____

CONTACT NAME: _____

RELATIONSHIP: _____

HOME PHONE #: _____

CELL PHONE #: _____

WAIVER:

I, _____, the undersigned, request permission for myself/my child to attend the annual Catholic Youth Day 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 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 diocese and volunteer leaders of all responsibility and consequences that may arise because of this treatment. I will not hold the diocese or representatives 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 group leader to act on my behalf. Further, I agree to accept any and all financial responsibility because of scheduling such care.

I/my child agrees to abide by all the rules as outlined in the Code of Behavior/Ethics. The 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.

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 name, voice, image, and/or likeness that arises from my/his/her participation in this event, whether still or motion pictures, audio or video tape, for promotional, instructional, business or any other lawful purposes, at the parish's sole discretion.

SIGNATURE/LEGAL GUARDIAN: _____

PRINTED NAME: _____

DATE: _____

EVENT NAME: **Maine Youth Day 2023**

DATE(S): **April 22, 2023**

LOCATION: **St. Joseph Church, Brewer, ME**

PARTICIPANT'S INFORMATION: (please print)

LAST NAME: _____

FIRST NAME: _____

PHONE #: _____

EMAIL: _____

BIRTH DATE: _____

GENDER: MALE FEMALE

PARISH: _____

PARISH CITY/TOWN: _____

MEDICAL INFORMATION:

DOCTOR: _____

DOCTOR PHONE #: _____

INSURANCE CO.: _____

POLICY #: _____

CARDHOLDER'S NAME: _____

PARTICIPANT'S ALLERGIES (including meds and food):

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

CURRENT MEDICATION BEING TAKEN:

