



**Office of Lifelong Faith Formation  
Diocese of Portland, Maine**

**Medical, Liability Release, & Use  
of Image Waiver Form**

EVENT NAME: **Journey Retreat 2017**

DATE(S): **October 27-29, 2017**

LOCATION: **St. Dom's Regional H.S., Auburn, ME**

**EMERGENCY CONTACT INFORMATION:**

CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

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

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

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

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

EMAIL: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

GENDER:            MALE            FEMALE

PARISH: \_\_\_\_\_

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

**T-SHIRT SIZE:    S    M    L    XL    XXL**

**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:  
\_\_\_\_\_  
\_\_\_\_\_

**WAIVER:**

I, \_\_\_\_\_, the undersigned, give permission for myself/my child to participant in the annual Journey Retreat 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 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 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.

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: \_\_\_\_\_