



Adult Participation Form & Release

PARTICIPANT'S NAME: \_\_\_\_\_

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

HOME ADDRESS: \_\_\_\_\_

PHONE 1: \_\_\_\_\_ PHONE 2: \_\_\_\_\_ PHONE 3: \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_

DESCRIPTION OF ACTIVITY: \_\_\_\_\_

DEPARTURE TIME: \_\_\_\_\_ RETURN TIME: \_\_\_\_\_

TRAVEL INFORMATION: \_\_\_\_\_
(airline, flight numbers, bus or train information)

MEDICAL MATTERS

I hereby warrant that to the best of my knowledge, I am in good health, and I assume responsibility for my health.

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to be transported to a hospital for emergency medical or surgical treatment. In the event of an emergency, contact:

EMERGENCY CONTACT: \_\_\_\_\_

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

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEDICAL INSURANCE INFORMATION

HEALTH PLAN CARRIER: \_\_\_\_\_

GROUP #: \_\_\_\_\_ I.D.#: \_\_\_\_\_

SUBSCRIBER'S NAME: \_\_\_\_\_

SPECIFIC MEDICAL INFORMATION

The parish/school should be aware of the following medical conditions. (The parish/school will take reasonable care to see that the following information will be held in confidence.)

Allergic reactions (medications, foods, plants, insect, etc.): \_\_\_\_\_

Physical limitations or other special medical conditions: \_\_\_\_\_

I agree and understand that I assume the risks inherent in the field trip, and with full knowledge of the risks, I, and my heir, successors and assigns, agree to release and to hold harmless and defend Sacred Heart School and the Diocese of Allentown, Bishop John O. Barres, D.D., S.T.D, J.C.L. and all of their employees and representatives, including chaperones, volunteers or any other representative associated with the trip (all of whom are collectively referred to as the Diocese) from claims from or related to my participation, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such injury or damage, unless such claim arises from the negligence of the Diocese. I have read carefully this entire (page 1) Adult Participation Form and Release and agree to its terms and intend to be bound hereby.

PARTICIPANT SIGNATURE

DATE

