

**Office of Youth and Young Adult
HEALTH AUTHORIZATION and RELEASE FORM
For adults over 18 years of age**

Name _____ Parish _____

Address _____ Phone _____

(street, city, zip)

Birth Date _____

Mobile Phone or other Number _____

IN CASE OF EMERGENCY, NOTIFY:

Name _____ Phone _____

Pager or other Number _____

Name _____ Phone _____

Mobile Phone or other Number _____

HEALTH AND MEDICAL INFORMATION

Family Physician _____ Address _____

Phone _____

Medical Plan _____ Plan Number _____

List all conditions (such as allergies, seizure) for which you require ongoing medication and state the type and frequency of medication

given: _____

Have you had difficulty with the following (circle all that apply):

Asthma Fainting Spells Convulsions Diabetes Heart Eyes Ears Nose Throat Lungs Digestion
Menstrual Problems Other _____

List any physical restriction or restriction for any activity on the basis of medical condition:

Allergy or reaction to any medication or food? No Yes,

List _____

State the date of your last physical examination: _____

Acknowledgment of Conditions for Participation in Program

1. I recognize that I am voluntarily participating in **Youth Ministry Great America Trip, June 11, 2016**, and all related activities, including but not limited to transportation to and from the event.
2. I agree to cooperate and comply with reasonable directions and instructions from Youth Ministry staff or adult volunteer leaders.
3. I agree to be responsible for all medical expenses relating to injury of myself as a result of my participation in any **Youth Ministry Great America Trip, June 11, 2016** activity, whether or not caused by the negligence of parish, youth ministry program employees, agents or volunteers or other participants.
4. I understand that people participating in youth ministry events risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self inflicted, faulty equipment or facilities, conditions or recreational facilities, vehicle accidents while in transport or through the activity itself.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in this event, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the participant for him or herself and any successors in interest and on behalf of the participant agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releases") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the participant, whether caused by negligence or other conduct by the Releases while the participant is participating in this event or in, upon or about the premises of the Diocese or any of it's facilities or equipment.
2. To indemnify and hold harmless the Releases from any loss, liability, damage or cost it may incur due to the presence of the participant in, upon or about the premises of the Diocese, its facilities or equipment or while participating in any **Youth Ministry Great America Trip, June 11, 2016** activity whether caused by the negligence of Releasees or otherwise.
3. That the participant had read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

Model Release Statement

I hereby (circle one) GRANT/ DECLINE permission for myself and/or my child(ren) named on this form to be photographed and/or videotaped during Youth Ministry & Faith Formation Activities and events; and for the resulting photographs and/or videotaped footage to be edited, if church/diocesan website, etc) for the purpose of promoting the activities of **St. Joseph/Old Mission San Jose**

I have read this Agreement and understand everything written above.

Signature

Date