

Fees: \$5 participation fee
Please either bring a bagged lunch or send an addition \$6 for lunch

Diocese of St. Augustine Adult Consent Form & Liability
Waiver (This form is required for chaperones or adult participants to attend an off property event or trip.)

To be completed by individuals age 18 or older and not in high school. For individuals 18 years of age or older and in high school, the Parental/Guardian Consent Form must be used.

Full Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____ Work Phone _____ - _____ - _____
Physician's Name _____ Phone _____ - _____ - _____
Email Address: _____ Last 4 Digits of Social Security Number: _____

Event & Location: Mpact 2023: Assumption Catholic Church and Service Sites

Date & Time: Saturday, March 18th, 9AM - 3:00PM

Transportation Not Provided

Transportation Provided

Method of Transportation: Chaperone Vehicles

I hereby waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, (name of entity) **CTK**, the Diocese of St. Augustine, Bishop Erik Pohlmeier and any of their religious, employees, staff, volunteers, agents and representatives from any liability, claim, loss, damage, cost or expense arising from their participation in this event. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

(The following request is pertinent information if you are rendered unconscious)

Date of Birth (including year): _____ Age: _____

Date of last Tetanus shot: _____

Please list **ALL** medical conditions /allergies / special health information:

Please list **ANY** medications (prescription or non-prescription) you would like us to be aware of:

Do you have Medical Insurance? Yes No

If yes, please provide the following information:

Insurance Company: _____

Policy in the name of: _____ Policy Number: _____

Name of Emergency Contact: _____ Phone Number _____ - _____ - _____

Language Spoken by Emergency Contact: _____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

Signature _____

Date _____

In signing the line above I agree to abide by any/all policies and rules established for this event. Should I not be able to maintain the guidelines and expectations for this event, I understand that there will be consequences for my actions, which could include my being asked to leave the event.