



MEDICAL/LIABILITY RELEASE FORM: ADULT PARTICIPANT
(ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING)

Event: Staubenville San Diego 2011

Group Leader: _____ Group (Parish / School) Name: _____

Participant's Name: _____ M/F: _____ Date of Birth: _____

Email: _____

Home Address: _____ City _____ State: _____ Zip: _____

Home Phone # (____) _____ Work Phone # (____) _____ Cell Phone # (____) _____ Other # (____) _____

In event of emergency, if you are unable to reach me at the above number, contact the following person who maybe able to reach me:

Name: _____ Relationship: _____ Telephone # (____) _____

PARTICIPATION and WAIVER AND RELEASE OF LIABILITY and INDEMNITY AGREEMENT and MEDICAL TREATMENT

I agree to abide by all the rules and regulations stated by Totus Pro Deo, All For God, the Diocese of San Diego, Viejas Arena, Franciscan University of Staubenville ("FUS"), San Diego State University ("SDSU") and/or the University of San Diego ("USD") and their officers, directors, employees, agents, volunteers and representatives associated with this event and the event staff. I may, in the course of attending this conference utilize athletic facilities at SDSU and/or USD and participate in athletic activities made available to conference participants (including but not limited to swimming, diving or wall climbing). I recognize that I am voluntarily engaging in such activity, and I am in no way required to do so in order to attend the conference.

In consideration for allowing me to participate in this conference, and to partake in such athletic activities, and to use such facilities or equipment, I, on behalf of myself, my assignees, and our heirs, executor/administrator or legal representatives, hereby agree to release All For God, Totus Pro Deo, the Diocese of San Diego, FUS, Viejas Arena, SDSU, USD and their officers, directors, employees, agents, volunteers and representatives (together "The Released Parties") from any and all claims, actions or demands that we now or hereafter may have for any injury, loss or damage of any sort resulting in any fashion from my attendance at or participation in this conference.

I also agree to indemnify and save and hold harmless the Released Parties and each of them from any loss, liability, damage, or cost they may incur due to my presence at the conference or my participation at any athletic activities in conjunction with it, whether caused by the negligence of the Released Parties or otherwise.

I further hereby assume full responsibility for and risk of bodily injury, death or property damage due to the negligence of the Released Parties or otherwise while attending the conference and/or while using the conference premises or any facilities or equipment during the conference.

The undersigned further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I hereby grant permission to Totus Pro Deo the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of me, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Totus Pro Deo.

I agree to remain responsible and liable for my actions and conduct at this conference. I further agree to indemnify the Released Parties from any claims that may arise from my attendance at this conference.

In addition, I attest that I have never been convicted of a felony crime.

I agree to abide by the policies of my diocese regarding working with minor children.

MEDICAL HISTORY PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES

Allergies: _____

Current Medications: _____

Medical History: _____

FIRST AID OR EMERGENCY MEDICAL TREATMENT

- I understand that Totus Pro Deo will usually have a first aid area staffed by volunteer personnel during event times in Viejas Arena. I authorize that staff to provide first-aid or medical care as deemed necessary or appropriate.
- I hereby give permission to the representatives of Totus Pro Deo, All For God, the Diocese of San Diego, Viejas Arena, SDSU, USD, FUS, their officers, directors, agents, volunteers and representatives associated with this event and the event staff to transport me to a hospital to receive emergency medical or surgical treatment.
- I relieve Totus Pro Deo, All For God, the Diocese of San Diego, Viejas Arena, SDSU, USD, FUS, their officers, directors, agents, volunteers and representatives associated with this event and the event staff of all responsibility and consequences that may arise as a result of this treatment. I will not hold any of the above named parties liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of medical treatment.

Signature: _____ Date: _____



DIOCESE OF ORANGE
Adult Waiver & Release Form - Volunteer
(18 years and older)

Event / Program: STEUBENVILLE SAN DIEGO

Location: CALIFORNIA STATE UNIVERSITY SAN DIEGO

Date(s): JULY 29-31, 2011 Time: _____ Cost: _____

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(Please Print)

Participant's Name: _____

Home Phone: (____) _____ Work Phone: (____) _____

Date of Birth: _____

Physician: _____ Phone: (____) _____

Insurance Company: _____ Policy #: _____

Allergies/Medical Problems/Disabilities: _____

Person to notify in case of emergency: _____

Phone: (____) _____

I wish to participate in the activity described above, and as a condition of my being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations including but not limited to the Roman Catholic Bishop of Orange, a Corporation Sole, _____ (Name of Parish) and their officers, employees, and volunteers from any and all claims for personal injuries or property damage that I may suffer as a result of my participation in any activity described above, whether or not such injuries or damages are caused by the negligence (active and passive) of any of the entities, individuals named or described above.

I, hereby warrant and represent that I am physically fit and capable of participating in such activity. I make this warranty and representation on the basis of advise given me by a duly licensed medical doctor within the last six months, and I know of no change in my medical condition since receiving such advice that would affect the opinion of the said medical doctor.

I agree to abide by the rules and regulations governing the above described activity and to obey any instructions given by the person or persons having supervision and control over the activity.

I hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my participation therein, and the publication, or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

I warrant and represent that I am eighteen years of age, or over, and upon request will produce satisfactory proof of such fact.

Signature: _____ Date: _____