KNOWING JESUS YOUTH RALLY at St. Michael's Church, Gastonia – AUGUST 18-20,2017

LIABILITY/MEDICAL RELEASE FORM – ADULT PARTICIPANT

ONE FORM MUST BE COMPLETED FOR EACH *ADULT* ATTENDING!

Participant's Name____

Birth Date_________________________

Address____

City_____________________ State______ Zip___________ Phone#___________________

E- mail________________________

Group Name____

City/ State____

Group Leader'sName____

ADULT PARTICIPANT

I,____(name),am attending the Knowing Jesus Youth Rally to be held on August 18-20,2017 at St. Michael's Church in Gastonia, NC. If needed for health reasons, I give permission for myself to be evaluated, diagnosed, treated and/or given medication in accordance with standard medical practice by licensed medical personnel. I relieve St. Michael's Roman Catholic Church of all responsibility and consequences that may arise as a result of this treatment. I will not hold St. Michael's Roman Catholic Church liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

I agree to abide by all rules and regulations stated by St. Michael's Church and the Knowing Jesus youth rally staff. I understand that St. Michael's Roman Catholic Church will not be held liable if I fail to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the youth rally at my expense. **I also attest that I am in compliance with the Youth Protection Policies in my home diocese to be a chaperone for a youth event.**

I give permission to St.Michael's Church to photograph, videotape and/or film myself and to use my image in photographs, video, and/or film for the purpose of promoting the mission, activities and programs of the Knowing Jesus Youth Rally. I understand that specific names of any individual participant will not be mentioned with any photos used for these stated purposes. I understand that I am not entitled to any compensation or rights in these materials, and I release St. Michael's Church from any liability for the use of my image for the above stated purposes.

SIGNATURE OF ADULT PARTICIPANT____Date__________

Family Physician____

Phone#__________________________________

Allergies (be specific)____

Current Medications____

Medical History (be specific)____

Medical Insurance Provider____

Insurance #__________________________

In case of emergency, please contact:

Name____

Address____

____

Phone#: Home_____________________________________

Work_______________________________________

Name____

Address____

____

Phone#: Home_______________________________________

Work______________________________________