

Steubenville South 2012: June 19 - 24 | Service Crew Liability Form

TEAM MEMBERS ONLY | Individual Liability & Medical Release & Request to Participate Form | Due May 25, 2012

Participant's Full Name: _____	D.O.B.: ____ / ____ / _____	M / F
Group Leader: <u>Richard and Claire Delaune</u>	Group Name: <u>Service Crew</u>	Group City, State: <u>Alexandria, LA</u>
Parents/Guardian Names: _____	Group Diocese: <u>Alexandria</u>	
Parents Phone Number: (_____) _____		

HEALTH INFORMATION - Please have your insurance card with you at all times.

Insurance Company: _____	Policy Number: _____
Group Number: _____	Phone Number: _____
Name of Insured: _____	
Participant's Doctor: _____	Phone Number: _____
Participant's Allergies, if any, including medication and foods: _____	
Participant's chronic medical problems, if any: _____	
Participant's other physical restrictions, if any: _____	

STATE BELOW ANY CURRENT MEDICATIONS (Prescribed) YOUR CHILD WILL BRING TO THIS EVENT:

Name of Medicine	Dosage/Strength	Given For	Times to be Given	Comments

EMERGENCY MEDICAL TREATMENT

The undersigned do hereby release forever, discharge, & agree to hold the above group/church/school, the Diocese of Alexandria, &/or Sponsor or any Hospital/Medical Center used while on event harmless from & against any & all liability, claims, demands, lawsuits, & expenses arising from personal injury, sickness, death or property damage of any nature whatsoever which may be incurred or suffered by participant (if participant is under 18 or 18 & older) while attending activities. Furthermore, the undersigned hereby assumes all risk of personal injury, sickness, death, damage & expense arising from participant's participation in all activities, including recreation and work activities involved in the above activity. In addition, authorization & permission is hereby given to furnish all necessary transportation, food & lodging for participant (if participant is under 18 or 18 & older). The undersigned further hereby agree to indemnify & hold the above group/church/school, the Diocese of Alexandria &/or Sponsor &/or any Hospital/Medical Center used during this event, & their respective members, directors, employees, & agents (collectively, the "Indemnities"), harmless from & against any & all claims, demands, actions, lawsuits, & liabilities, including attorneys' fees & expenses sustained by the indemnities as the result of negligent, willful or intentional acts of participant (if participant is under 18 or 18 & older).

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name: _____	Relationship: _____
Telephone: _____	Cell Phone: _____

LIABILITY RELEASE

If you would like your child to participate in this event, please complete, sign & return the following statement of consent & release of liability. As parent / legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student. I understand that this event will take place away from the church/school grounds & that my child will be under the supervision of the designated chaperones on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation, & the use of appropriate pictures taken of my child while participating in said event. If participant is under 18 years of age: We (1), the parent(s)/legal guardian(s) of the participant, hereby grant permission for our son/daughter to participate fully in the above activity & all of its undertakings, & hereby authorize medical treatment, including, but not limited to, emergency surgery, & we, notwithstanding any question of liability involved in this emergency, fully & completely, assume responsibility for all medical bills. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we (I) assume all responsibility & transportation costs.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights as well as, if applicable, those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily. **Parent/Legal Guardian Signature:** _____ **Date:** _____

SWORN TO and subscribed before me on this ____ day of _____, 20____:

NOTARY PUBLIC (Printed Name)

NOTARY PUBLIC (Signature)

Notarial Number

(SEAL)