



DIocese OF BOISE ADULT MEDICAL RELEASE & LIABILITY WAIVER

This form is to be filled out for each activity that any adult is involved

EVENT _____

NAME OF ADULT PARTICIPANT _____ AGE _____

I agree that in the event I am injured as a result of my participation in the above named activity, including transportation to and from this activity, whether or not caused by the negligence (active or passive) of the parish/school or diocesan activity program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs will first be paid by my insurance or any available benefit plan of mine.

I am not aware of any medical condition I have, which would render it inappropriate for me to participate in any activity.

I, hereby, give permission to the medical personnel selected by the activity supervisory personnel present, should I not be conscious for permission or consultation, to render medical treatment deemed necessary and appropriate by the physician, R.N. or dentist.

I understand that during the activity I may be transported to and from the activity site via a personal vehicle.

I give my permission for photos or video to be used by the parish or diocese for promotional purposes only.

Date _____ Signature _____

Photos and/or videos generated at camp may be used for later diocesan archival/promotional use.

MEDICAL HISTORY

Allergies

Medications being taken _____

Date of last tetanus shot (month/year) _____ / _____

Physical Impairments or health issue of which to be aware: _____

Family Physician: _____

Address: _____ Phone _____

Medical Insurance Company _____

Policy #: _____ Subscribers Name _____

Emergency Contact Information:

Emergency Contact Name: _____ Number _____

Home Phone Number: _____

Work Number: _____