

**Archdiocese of Galveston-Houston  
Key Leader, Chaperone and Young Adult Assistant  
Medical Release and Liability Form**

I, \_\_\_\_\_, do hereby release, hold harmless and discharge the Archdiocese of Galveston-Houston, the parish, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my 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.

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parish \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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

Date of Birth (including year): \_\_\_\_\_ Age: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Please list **ALL** medical conditions / allergies / special health information including bouts with depression and anxiety:

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: ( ) \_\_\_\_\_

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

**X** \_\_\_\_\_  
Signature

**In signing the line above I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adult chaperones/young adult assistants, I understand that there will be consequences for my actions, which could include being asked to leave the event.**

STATE OF TEXAS  
COUNTY OF BRAZORIA  
Sworn to (or affirmed) and subscribed before me  
this \_\_\_\_ day of \_\_\_\_, 2010, by \_\_\_\_\_

\_\_\_\_\_  
Notary Public