

PARENT MEDICAL AND LIABILITY RELEASE STATEMENT CODE OF CONDUCT and PHOTO RELEASE

DIOCESE OF SAN BERNARDINO 1201 E. Highland Ave, San Bernardino, Ca 92404-4641 (909) 475-5167
CATHOLIC MUTUAL GROUP 2724 Waterman Ave Ste. J, San Bernardino, CA 92404-4641 (909) 883-6001
Ministry with Youth Office 1201 E. Highland Ave, San Bernardino, Ca 92404 (909) 475-5167

EVENT INFORMATION	<p>Event: Vacation Bible School</p> <p>Location: St. Catherine of Alexandria Catholic Church 41875 "C" Street, Temecula, CA 92592</p> <p>Phone: (951) 676-4403</p> <p>Date & Time of Activity: July 9-13, 2018 Cost: \$25.00</p> <p>Form MUST be completed in its entirety (Please Print)</p>	<p>**Please check one:</p> <p><input type="checkbox"/> Adult (18 and older)</p> <p><input type="checkbox"/> Youth (under 18)</p>
MEDICAL LIABILITY	<p>Participant's Name: _____ Date of Birth ____/____/____</p> <p>Parent's Name: _____ Phone #: _____ Cell or Work #: _____</p> <p>Emergency Contact Name: _____ Phone #: _____</p> <p>Family Physician: _____ Phone #: _____</p> <p>Insurance Company: _____ Policy No: _____</p> <p>Allergies/ Medical Problems/ Disabilities _____</p> <p>Is the participant taking any over the counter or prescriptions drugs? Please list and print clearly _____ (Use another sheet if necessary)</p> <p>Please list any Allergies to medication or foods _____</p> <p>I also understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this form, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/ order an injection, anesthesia, or surgery for my child as deemed necessary.</p> <p>I understand all reasonable safety precautions will be taken at all times by: St. Catherine of Alexandria and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. I agree not to hold, the Diocese of San Bernardino, St. Catherine of Alexandria Catholic Church, its leaders, employees and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.</p>	
CONDUCT	<p>I understand that by signing this form I/my child agree(s) to cooperate and participate fully, that I/my child will show respect for the property visited, respect for neighbor, that I/my child will show respect for the law and practice safety skills at all times. By failing to meet this code of conduct, I/my child am/are aware that appropriate action may be taken and arrangements may be made for immediate removal from the event.</p>	
PHOTO	<p>I hereby authorize the making of photographs, motion pictures, videotapes, recording, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.</p> <p><input type="checkbox"/> By checking this box, I DO NOT authorize any photos, videotapes or recordings of my child.</p>	
PERMISSION	<p>_____ Parent/ Guardian Signature Required for minors under 18</p>	<p>_____ Date</p>
	<p>_____ Signature of Participant Required (Youth or Adult)</p>	<p>_____ Date</p>