

# 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**

**Event:** Vacation Bible School

**Location:** **St. Catherine of Alexandria Catholic Church**  
41875 "C" Street, Temecula, CA 92592

**Phone:** (951) 676-4403

**Date & Time of Activity:** **June 17-21, 2019**

**Cost:** **\$25.00**

**\*\*Please check one:**

- Adult (18 and older)  
 Youth (under 18)

**Form MUST be completed in its entirety (Please Print) - One form per child**

**MEDICAL LIABILITY**

Participant's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell or Work #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

Allergies/ Medical Problems/ Disabilities \_\_\_\_\_

Is the participant taking any over the counter or prescriptions drugs?  
**Please list and print clearly** \_\_\_\_\_ (Use another sheet if necessary)

**Please list any Allergies to medication or foods** \_\_\_\_\_

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.

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.

**CONDUCT**

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.

**PHOTO**

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.

By checking this box, I **DO NOT** authorize any photos, videotapes or recordings of my child.

**PERMISSION**

\_\_\_\_\_  
**Parent/ Guardian Signature Required** \_\_\_\_\_ Date \_\_\_\_\_  
for minors under 18

\_\_\_\_\_  
**Signature of Participant Required** \_\_\_\_\_ Date \_\_\_\_\_  
(Youth or Adult)