Quo Vadis Ropes Course & Zip Line Event

Saturday, April 2, 2016

Participant's name:_____ Phone: _____
Address: _____City/State/Zip_____

Participant's Commitment
I hereby make a personal commitment to participate fully in the **Quo Vadis Ropes Course & Zip Line Event** and to abide by expected standards of conduct.

_____
Signature of participant

Parental permission and liability release:
As parent/legal guardian of the participant named above, I (we) do hereby give my (our) permission to participate fully in the Quo Vadis Ropes Course & Zip Line Event on Saturday, April 2, 2016. I/we do for myself/ourselves and for and on behalf of my/our child referred to here as 'participant' do release, forever discharge and agree to hold harmless The Diocesan Office of Vocations, its directors, employees, and agents thereof from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned event (including transportation to and from the event). Furthermore, I/we on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event.

Further, authorization and permission are hereby given to the Diocesan Office of Vocations, its directors, employees and agents thereof to furnish any necessary transportation or food while the named participant is involved in the above described event.

I/we hereby authorize Reverend J.D. Jaffe to admit the participant to a doctor, hospital, or other licensed health care provider for medical treatment and assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I/we do hereby assume responsibility for the participant's transportation home and any costs related thereto.

Emergency Contact: Name: _____
Phone Number: _____

Health Information: Are there any conditions or allergies which may affect the participant's involvement in the above event?
YES _____ NO _____
If YES, why?
_____
_____
_____
Is there any physician prescribed or other medication which the participant may be taking during the above event?
YES _____ NO _____
If YES, please provide name, dosage, and potential side effects of said medications:
_____
_____
Name and phone number of physician or Health/Medical Insurance:
Primary Healthcare Provider: _____ Coverage: _____

I/we understand and hereby agree to the terms and conditions of the participant's involvement in the above described event.

_____ _____
Signature of Parent/guardian Daytime Phone

Please mail this form, along with a $35 check made payable to "Catholic Diocese of Arlington," to the following address by March 24:

Catholic Diocese of Arlington / Office of Vocations / P.O. Box 1960 / Merrifield, VA 22116-1960