

FORM D: ADULT PARTICIPANT RELEASE FORM

Participant's Name (Please print)

Home Phone

Address

City/State/Zip

Permission and Liability Release: I, _____ agree to participate fully in _____ (Name of Program or Trip) from _____ (Start Date/Time) to _____ (End Date/Time). I hereby state that I am aware of and accept the risk inherent in the above program activity. I hereby acknowledge that this program may involve a variety of activities which may be both physical and mental in nature. The level of participation in all programs and activities is at all times completely up to the individual. Safety is a high priority in all programs. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from involvement in the above-described event. I have been informed that the Diocesan Insurance Program maintains comprehensive general liability insurance, as well as directors and officers' insurance, to protect me as a "Covered Person" for my negligent actions covered under these policies, only while acting in the scope of my defined responsibilities, which may result in damage or injury to another person or persons. However, I acknowledge these policies will not protect me for criminal or intentional acts committed by me. I voluntarily and without reservation and on behalf of myself, my heirs, and my estate, hereby indemnify, defend, and hold harmless the Diocese of Arlington, The Most Reverend Michael F. Burbidge and his successors in Office, their officers, and employees from any and all liability, loss damages, costs, or expenses which are sustained, incurred, or required arising out of my actions in the course of the above program/activity.

Use of Vehicles: I further acknowledge, with regard to any personal vehicle driven by me as a participant that in the event of an accident, there is no coverage afforded to me through the Diocesan Master Insurance Program for physical damage sustained to any vehicle involved or liability incurred by me while operating my vehicle.

Informed Consent to Medical Treatment: In the event of an injury, I hereby give the event leaders full authority to take whatever action they feel is warranted under the circumstances regarding my health and safety if I am not in a condition to give informed consent including but not limited to the application of emergency medical procedures, the admittance to a hospital, or the care of a medical professional at my expense.

Safety: As a participant, I agree to follow all procedures, safety precautions, and rules and regulations set forth by the Diocese, parish, and/or campus ministry.

Photo, Press, Audio, and Electronic Media Release: I authorize the Catholic Diocese of Arlington, its parishes, campus ministries, and/or the Arlington Catholic Herald to use and publish the photographs and/or videography for which I am featured, and/or audio recordings made of my voice. I agree that the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald may use such photographs, video, and/or audio recordings of me with or without my name and for any lawful purpose, including, for example, such purposes as news, publicity, illustration, bulletin, and Web content.

Health Information

Primary Health Provider

Phone Number

Insurance Company

Policy Number

Emergency Contact Name

Relationship

Phone Number

Alt. Phone Number

List any medical conditions that may affect your involvement in this event: _____

List any allergies: _____

I understand and hereby agree to the terms and conditions of my involvement in the above-described event, and I freely execute this Acknowledgement with full knowledge of its content.

Signature

Date