

**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 agree to indemnify and hereby release the Most Reverend Michael F. Burbidge Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, parishes, and campus ministry programs 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 resulting from my involvement in the above mentioned event (including transportation to and from the event). Furthermore, I hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from involvement in the above-described event.

**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