**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) 886-6001

## Parish Name: Saint Mother Teresa of Calcutta Contact: Diane Axline: 951-595-5519

### Event: WHY WAIT?

**EVENT INFORMATION**

**MEDICAL LIABILITY**

**CONDUCT**

**PHOTO**

**PERMISSION**

**Location: *St. Mother Teresa of Calcutta, Worship* Center, *34750 Whisper Heights Pkwy, Winchester, CA***

**Date & Time of Activity: *November 4, 2017 - 9:30: am - 12:30 pm***

(Please Print)

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 from, 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. Mother Teresa of Calcutta** 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, St. Mother Teresa of Calcutta and its leaders, employees and volunteers** liable for damages, losses, diseases, or injuries incurred by the subject of this form.

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.

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.

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**Parent/ Guardian Signature Required** Date

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S**ignature of Participant Required** Date