Duc in Altum Summer Catechetical Program
Sponsored by the Diocese of Rapid City, PO Box 678, Rapid City, SD 57709; 605-343-3541 And the Parish of

_____

Address:_____

_____

Phone:_____

Participant's Name _____Phone #_____
E-mail_____ Birth Date _____ Age _____
Address _____ City _____ State _____ Zip _____

The undersigned do hereby release, forever discharge and agree to hold the Diocese of Rapid City and the above-named parish harmless from and against any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the undersigned and or the participant (if participant is under 18, or 18 and older) while attending the above activity. Furthermore, the undersigned hereby assume all risk of personal injury, sickness, death, damage and expense arising from the undersigned or participant's (if participant is under 18, or 18 and older) participation in all activities, including recreation and work activities involved in the above activity. In addition, authorization and permission is hereby given to furnish all necessary transportation, food, and lodging for the undersigned or participant (if participant is under 18, or 18 and older). The undersigned further hereby agree to indemnify and hold the Diocese of Rapid City, the above named parish, and their respective members, directors, employees, and agents (collectively, the 'indemnities'), harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorney's fee and expenses sustained by the indemnities as the result of the negligent, willful, or intentional acts of the undersigned and/or participant (if participant is under 18, or 18 and older).

If participant is under 18 years of age: We (I) are the parent(s) or legal guardian(s) of the participant, and hereby grant permission for _____ to participate fully in the above activity and all of its undertakings, and hereby give our permission to take said participant to the doctor or hospital and hereby authorize medical treatment, including, but not limited to emergency surgery; and, we fully and completely assume responsibility for all medical bills. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility

If participant is 18 or older: I hereby give my permission to take me _____ to doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery; and I fully and completely assume responsibility for all medical bills. Furthermore, should it be necessary for me, the above-named participant, to return home due to medical reasons, disciplinary action or otherwise, I assume all responsibility and transportation costs.

Without compensation, I hereby grant permission to the Diocese of Rapid City to use and reproduce photographs of me or my child _____-_____. These photographs may be used for news and editorial purposes in publications, electronic reproductions (web sites), and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I herby release the photographer, the journalists, and the publications or media outlets they represent as well as the Diocese of Rapid City, from all claims and liability relating to said photographs.

This form MUST be signed by ALL participants under 18 and ALL participants 18 and older.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Participant's Signature _____ Date _____

Legal Guardian _____ Date _____

Emergency Contact _____ Phone _____

Doctor's Name _____ Phone _____

Current Medications _____

Allergies or Other Medical Concerns _____

Insurance Company _____ Policy # _____

One Form MUST be Completed for Each Participant and returned to the parish.