



MEDICAL/LIABILITY RELEASE FORM: TEEN PARTICIPANT
(ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING)

Event: Steubenville San Diego 2011

Group Leader: _____ Group (Parish / School) Name: _____

Participant's Name: _____ M/F _____ Year of graduation _____

Date of Birth: _____ Email: _____

Parents/Guardians (Mr.& Mrs.) (Mr.) (Ms.) (Mrs.) First _____ Spouse _____ Last _____

Home Address: _____ City _____ State: _____ Zip _____

Parent Home Phone (____) _____ Parent Work Phone (____) _____

Parent Cell Phone (____) _____ Parent Other Phone (____) _____

Parent's Address, if different from Participants: _____ City: _____ State: _____ Zip _____

In event of emergency, if you are unable to reach me at the above number, contact the following person who maybe able to reach me:

Name: _____ Relationship: _____ Telephone # (____) _____

PARTICIPATION and RELEASE/ WAIVER OF LIABILITY and INDEMNITY AGREEMENT

- I give permission to the above named Participant ("my child") to attend Steubenville San Diego at San Diego State University...
My child and I have read and understood the expectations and guidelines (SSD-5) for this event and will cooperate with these rules.

As parent or legal guardian, I am aware that the child for whom I am responsible, the "Participant" named above ("my child"), may, in the course of attending this conference utilize athletic facilities at San Diego State University ("SDSU") and/or the University of San Diego ("USD") and participate in athletic activities made available to conference participants...

In consideration for allowing my child to participate in this conference, and to partake in such athletic activities, and to use such facilities or equipment, I, on behalf of myself, my assignees, my child, and our heirs, executor/administrator or legal representatives, hereby agree to release All For God, Totus Pro Deo, the Diocese of San Diego, Franciscan University of Steubenville ("FUS"), Viejas Arena, SDSU, USD and their officers, directors, employees, agents, volunteers and representatives (together "The Released Parties") from any and all claims, actions or demands that we now or hereafter may have for any injury, loss or damage of any sort resulting in any fashion from my child's attendance at or participation in this conference.

I also agree to indemnify and save and hold harmless the Released Parties and each of them from any loss, liability, damage, or cost they may incur due to the presence of my child at the conference of his/her participation at any athletic activities in conjunction with it, whether caused by the negligence of the Released Parties or otherwise.

I further hereby assume full responsibility for and risk of bodily injury, death or property damage due to the negligence of the Released Parties or otherwise while attending the conference and/or while using the conference premises or any facilities or equipment during the conference.

The undersigned further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I hereby grant permission to Totus Pro Deo the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Totus Pro Deo.

I agree to remain responsible and liable for my child's actions and conduct at this conference. I further agree to indemnify the Released Parties from any claims that may arise from my child's attendance at this conference.

Parent Signature: _____ Date: _____



MEDICAL HISTORY PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES

Allergies: _____

Current Medications: _____

Medical History: _____

AUTHORIZATION FOR NON PRESCRIPTION MEDICATION check one box only

I hereby grant permission for conference staff and/or volunteers to give nonprescription medication (such as aspirin, throat lozenges, cough drops, etc) to my child, if deemed advisable.

Or

I hereby DO NOT grant permission without my authorization for conference staff and/or volunteers to give nonprescription medication (such as aspirin, throat lozenges, cough drops, etc) to my child, if deemed advisable.

FIRST AID and EMERGENCY MEDICAL TREATMENT

- I understand that Totus Pro Deo will usually have a first aid area staffed by volunteer personnel during event times in Viejas Arena. I authorize that staff to provide first-aid or medical care as deemed necessary or appropriate.
- I hereby give permission to the representatives of Totus Pro Deo, All For God, the Diocese of San Diego, Viejas Arena, SDSU, USD, FUS, their officers, directors, agents, volunteers and representatives associated with this event and the event staff to transport my child to a hospital to receive emergency medical or surgical treatment.
- I relieve Totus Pro Deo, All For God, the Diocese of San Diego, Viejas Arena, SDSU, USD, FUS, their officers, directors, agents, volunteers and representatives associated with this event and the event staff of all responsibility and consequences that may arise as a result of this treatment. I will not hold any of the above named parties liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of medical treatment.

Parent Signature: _____ **Date:** _____