

\_\_\_\_\_  
[Please print parish name above.]

## ADULT CONSENT AND EMERGENCY MEDICAL RELEASE FORM

I, [please print name] \_\_\_\_\_, the undersigned Applicant, have applied to participate in the [please print name of event] \_\_\_\_\_ that is being sponsored by [please print name of parish] \_\_\_\_\_ (referred to herein as the “**Parish**”) and is taking place on \_\_\_\_\_ 20\_\_ (together with all activities, including any transportation being provided, in connection therewith collectively referred to herein as the “**Event**”). In consideration of my being permitted to participate in the Event:

I do hereby, for myself, my heirs, executors, and administrators, release, forever discharge, indemnify, and agree to hold harmless the Parish, the Archdiocese of Atlanta, their respective successors and assigns, and their respective officers, directors, employees, and other representatives, any and all supervisors, sponsors, organizers, drivers, and participants in the Event (referred to herein as the “**Protected Parties**”) from and against any and all losses, injuries (whether to person or property), costs and expenses (including legal fees, costs, and expenses), and liability resulting from, arising out of, or incurred, suffered, or otherwise sustained in connection with, the Event. (As used herein, the “**Archdiocese of Atlanta**” refers to the Archbishop of the Roman Catholic Archdiocese of Atlanta, the Roman Catholic Archdiocese of Atlanta, Inc., and RCAA Administrative Services, Inc.)

I hereby further grant permission for the Parish or the Archdiocese of Atlanta to publish group photos (including photos of at least one other individual and me) taken at the Event.

I hereby further give permission to the Protected Parties or any one or more of the Protected Parties to seek emergency care for me should I be involved in any accident or other incident or otherwise be injured in any way during or in connection with the Event. I understand that in any such instance, all attempts will be made to contact the emergency contact identified below. Until such time as such emergency contact has been contacted, I hereby give permission to the attending physician to hospitalize me or to order, or otherwise provide for me to receive, such injections, anesthesia, surgery, or other treatment as are, in the judgment of such attending physician, necessary or advisable and appropriate.

I hereby, for myself, my heirs, executors, and administrators, also agree that throughout the duration of the Event I am and will be legally responsible for any and all of my actions and omissions that occur during the Event and agree to be financially responsible for any and all losses, injuries (whether to person or property), costs and expenses (including legal fees, costs, and expenses), and liability resulting from, arising out of, or incurred, suffered, or otherwise sustained in connection with or by reason of my actions, conduct, behavior, or omissions that occur during the Event.

I certify that I am covered by a health insurance policy, and that the information below in regard to the policy and me is correct.

**Insurance Carrier:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Insurance Carrier Phone No.:** \_\_\_\_\_ **My birthday:** \_\_\_\_\_

**My cell phone no.:** \_\_\_\_\_

**I am allergic to:** \_\_\_\_\_

**Current medication (and dosage):** \_\_\_\_\_

**Other medical, physical, or general information:** \_\_\_\_\_

**In case of emergency, notify:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Applicant's Initials:** \_\_\_\_\_

**Child and Youth Protection Policy**

It is the policy of the Archdiocese of Atlanta to have all adult volunteers complete and pass the Safe Environment profile and go through a background check before volunteering with any youth. Additional paperwork may be necessary. ***If you are not yet cleared, or your paperwork has expired, you will be asked to fill out paperwork, including a background check.***

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By signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_