Diocese of Fort Worth, The Catholic Pro-Life Committee of North Texas Inc *and* **University of Dallas**
Adult Liability Waiver, Medical Release and Promotional Release Form

All adults participating in parish and/or diocesan Youth Ministry Events must fill out this form

Adult Participant's Name:_____

Parish:_____ Daytime Phone Number:_____

Address:_____

City:_____ State:_____ Zip:_____

Cell:_____ Do you text?_____

1.Have you gone through the **Approved Diocese of Fort Worth, Diocese of Dallas or Catholic Pro-Life Committee and/or the parish of** _____**Safe Environment Training Program**?

Answer:_____ If so, when:_____ what parish:_____

2.Have you read and signed the Code of Conduct and Standards of Behavior from your Diocese"_____

3.Have you completed the **Online Chaperone Training** Answer:_____ If yes, when:_____

I agree on behalf of myself, my heirs, successors, and assign to hold harmless and release the Catholic Pro-Life Committee, University of Dallas, Diocese of Fort Worth, Bishop of the Roman Catholic Diocese and his Successors in office, Diocesan Employees, Volunteers, Youth For Life program, their officers, directors, and agents from any liability (unless caused by gross negligence of the Diocese and/or parish) for illness, injury or death arising from or in connection with my attending youth ministry events beginning the ***1st day of June, 2015 through the 31th day of July, 2015.***

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all court costs, reasonable attorneys fees and expenses incurred by the prevailing party.

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that I have the following allergies:

_____

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name:_____

Relationship to me:_____

Day Phone Number:_____ Night Phone Number:_____

Health Insurance Carrier:_____

Insurance ID Number:_____ Insurance Policy Number:_____

Please attach a copy, front and back of your Medical Insurance Card

I also consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction (in perpetuity unless otherwise revoked by me in writing and delivered by certified mail, return receipt requested, to: The Catholic Center, 800 West Loop 820 South, Fort Worth, TX 76108, ATTN: Director of Youth Ministry and Adolescent Catechesis) in which I may appear by the Diocese of Fort Worth, Catholic Pro-Life Committee or University of Dallas.. I understand that these materials are being used for promotion of the youth ministry of the Diocese of Fort Worth which may include recruitment and fundraising efforts.

Signature_____ **Date**_____