

RISE 2011

Central Region – Diocese of Lafayette

Adult/Participant Registration Form

TEEN SPECIFICS

Full Name: _____ Grade Entering: _____ T-Shirt: _____
 Street Address: _____ City/State/Zip: _____
 Church Parish/City: _____ Contact: _____
 Home Phone: _____ Email: _____
 Date of Birth: _____ Gender: _____ School: _____

LIABILITY & PHOTO WAIVER

The undersigned do hereby release forever, discharge, and agree to hold the Diocese of Lafayette and/or Camp Woodman and/or _____ (name of Church 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 which may be incurred or suffered by the undersigned and/or the participant (if the participant is 18, or 18 and older) while attending the above activity.

Furthermore, the undersigned assume all risk and personal injury, sickness, death, damage and expense arising from the undersigned's and/or participant's (if the participant is 18, or 18 and older) participation in all activities, including in 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 and/or participant (if the participant is 18, or 18 and older). We also allow the sponsors to use any photographs, video and audio taken of the participant during the event in all forms, media and manners, without restrictions as to changes or alterations, for advertising, trade, promotion, exhibition or any other lawful purposes.

Furthermore, the undersigned hereby agree to indemnify and hold the Diocese of Lafayette and/or Camp Woodman and/or _____ (the Church Parish) and/or 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 fees and expenses sustained by the indemnities as the result of the negligent, willful, or intentional acts of the undersigned and/or the participant (if the participant is 18, or 18 and older).

If the person is under the age of 18 years of age: We (I), the parent(s) or legal guardian(s) of the participant, hereby grant permission for _____ to participate fully in the above activity and all its undertakings, and hereby give our permission to take said participant to doctor or hospital and hereby authorize medical treatment, including, but not limited to, emergency surgery, and we, notwithstanding any question of liability in this emergency, fully and completely, assume all responsibility for all medical bills.

MEDICAL & EMERGENCY

I hereby grant permission to any staff person to provide the following over-the-counter medicines to my child if requested:
 (Please check all that apply)

___ Tylenol ___ Benadryl ___ Advil ___ Sudafed ___ Midol ___ Kaopectate ___ Neosporin ___ Pepto Bismol ___ Imodium

Name of Family Physician: _____

List any allergies: _____

Current Medications: _____

Other Pertinent Information about Participant (use back if needed):

In Case of Emergency, please contact:

Name: _____ Name: _____

Address: _____ Address: _____

Day Phone: _____ Day Phone: _____

Evening Phone: _____ Evening Phone: _____

Cell Phone: _____ Cell Phone: _____

Insurance Information (write "N/A" if no Insurance):

Company: _____ Policy Number: _____

Group Number: _____ Phone Number: _____

Name of Insured: _____

CONSENT

Parent/Legal Guardian (please print) _____ Parent/Legal Guardian Signature _____ Date _____