Diocese of Orlando Adult Consent Form & Liability Waiver

(This form is required for chaperones or adult participants to attend an off property event or trip.)

This form is to be completed by individuals 18 years of age and older (not in high school). For individuals 18 years of age or older and in high school, the Parental / Guardian Consent Form & Liability Waiver must be completed

Full Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____-_____-_____ Cell Phone _____-_____-_____ Work Phone _____-_____-_____

Physician's Name _____ Phone _____-_____-_____

Email Address: _____ Last 4 Digits of Social Security Number: _____

Event & Location: _____

Date & Time: _____

❑ **Transportation Not Provided**

❑**Transportation Provided**

Method of Transportation: _____

I hereby waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, (name of entity) _____, the Diocese of Orlando, and any of their religious, employees, staff, volunteers, agents and representatives from any liability, claim, loss, damage, cost or expense arising from my participation in this event. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

(The following request is pertinent information if you are rendered unconscious)

Date of Birth (including year): _____ Age: _____

Date of last Tetanus shot: _____

Please list **ALL** medical conditions /allergies / special health information:

_____

Please list **ANY** medications (prescription or non-prescription) you would like us to be aware of:

_____

Do you have Medical Insurance? □ Yes □ No

If yes, please provide the following information:

Insurance Company: _____

Policy in the name of: _____ Policy Number: _____

Name of Emergency Contact: _____ Phone Number _____-_____-_____

Language Spoken by Emergency Contact: _____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

_____ _____

Signature Date

In signing the line above I agree to abide by any/all policies and rules established for this event. Should I not be able to maintain the guidelines and expectations for this event, I understand that there will be consequences for my actions, which could include my being asked to leave the event.