



MEDICAL/LIABILITY RELEASE FORM

PARTICIPANT'S INFORMATION: *(please print)*

LAST NAME: _____ FIRST NAME: _____

PHONE #: _____ EMAIL: _____

BIRTH DATE: _____ GENDER: (circle one) male female

HOME PARISH: _____ PARISH CITY/TOWN: _____

MEDICAL INFORMATION:

DOCTOR: _____ DOCTOR PHONE #: _____

INSURANCE CO.: _____ POLICY #: _____

CARDHOLDER'S NAME: _____

PARTICIPANT'S ALLERGIES (including medications and food):

PARTICIPANT'S CHRONIC MEDICAL PROBLEMS (e.g. diabetes):

CURRENT MEDICATIONS:

EMERGENCY CONTACT INFORMATION:

CONTACT NAME (1): _____

RELATIONSHIP: _____ PHONE #: _____

CONTACT NAME (1): _____

RELATIONSHIP: _____ PHONE #: _____

WAIVER:

I, _____, the undersigned, give permission for myself/my child to participate in TOTUS TUUS to be held by the Roman Catholic Diocese of Portland. I understand this event will take place under the guidance and supervision of responsible employees/volunteers from the parish and diocese and, if needed, give permission for myself/my child to be evaluated, diagnosed, treated/medicated in accordance with standard medical practice by licensed medical personnel. I relieve the parish, diocese, and volunteer leaders of all responsibility and consequences that may arise because of this treatment. I will not hold the parish, diocese, or representative associated with this event responsible in the event of injury. If I cannot be reached in case of an emergency I give permission for the parish coordinator to act on my behalf. Further, I agree to accept any and all financial responsibility related to such care.

I/my child agrees to abide by all the rules as outlined in the Code of Behavior/Ethics.* The parish and diocese will not be liable if myself/my child fails to cooperate with said rules and any infractions may result in immediate dismissal from this event. I will accept responsibility for costs for immediate transportation home. I understand that I am legally responsible for the behavior of myself/my child.

SIGNATURE/LEGAL GUARDIAN: _____

PRINTED NAME: _____ DATE: _____

DIGITAL MEDIA RELEASE:

I hereby grant to the diocese and my parish consent without reservation to use, assign, convey, reproduce, copyright, publish or sell my/my child's image, voice, and/or likeness that arises from my/his/her participation in TOTUS TUUS, whether still or motion pictures, audio or video tape, for promotional, instructional, business, or any other lawful purposes, at the parish's or diocese's sole discretion.

YES NO

SIGNATURE/LEGAL GUARDIAN: _____

PRINTED NAME: _____ DATE: _____

TRANSPORTATION PERMISSION/RELEASE FORM

I _____ (Name of Parent/Guardian), give permission for my child, _____ (Name of Child), to be transported either to/from TOTUS TUUS by _____ (Name of Adult) on _____ (date).

SIGNATURE/LEGAL GUARDIAN: _____

PRINTED NAME: _____ DATE: _____

* The Diocesan Code of Ethics can be found online: <http://www.portlanddiocese.org/protecting-gods-children/code-of-ethics>