



MEDICAL/LIABILITY RELEASE FORM: 18:23 PARTICIPANT

(ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING)

Event: **18:23 Young Adult Conference 2015**

Participant's Name: _____ M/F: _____ Date of Birth: _____

Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone # (____) _____ Work Phone # (____) _____ Cell Phone # (____) _____ Other # (____) _____

Parish Name: _____ Parish City: _____

In event of emergency, if you are unable to reach me at the above number, contact the following person (who maybe able to reach me)

Name: _____ Relationship: _____ Telephone # (____) _____

PARTICIPATION and WAIVER AND RELEASE OF LIABILITY and INDEMNITY AGREEMENT and MEDICAL TREATMENT

I agree to abide by all the rules and regulations stated by Totus Pro Deo, All For God, Jenny Craig Pavilion, Franciscan University of Steubenville ("FUS"), San Diego State University ("SDSU"), University of California San Diego ("UCSD") and/or the University of San Diego ("USD") and their officers, directors, employees, agents, volunteers and representatives associated with this event and the event staff. I may, in the course of attending this conference, utilize athletic facilities at SDSU and/or USD and participate in athletic activities made available to conference participants (including but not limited to swimming, diving or wall climbing). I recognize that I am voluntarily engaging in such activity, and I am in no way required to do so in order to attend the conference.

In consideration for allowing me to participate in this conference, and to partake in such athletic activities, and to use such facilities or equipment, I, on behalf of myself, my assignees, and our heirs, executor/administrator or legal representatives, hereby agree to release All For God, Totus Pro Deo, the Diocese of San Diego, FUS, Jenny Craig Pavilion, SDSU, UCSD, USD and their officers, directors, employees, agents, volunteers and representatives (together "The Released Parties") from any and all claims, loss, liabilities, actions, damages, costs or demands that we now or hereafter may have for any injury, loss or damage of any sort resulting in any fashion from my attendance at or participation in this conference.

I further hereby assume full responsibility for and risk of bodily or other injury, death or property damage due to the negligence of the Released Parties or otherwise while attending the conference and/or while using the conference premises or any facilities or equipment during the conference.

The undersigned further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I also agree to indemnify and save and hold harmless the Released Parties and each of them from any and all claims, loss, liability, actions, damage, costs or demands they may incur due to my presence at the conference or my attendance or participation at this conference or any athletic or other activities in conjunction with it, whether caused by the negligence of the Released Parties or otherwise. I agree to remain responsible and liable for my actions and conduct at this conference.

I hereby grant permission to Totus Pro Deo the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of me, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Totus Pro Deo.

IN ADDITION, I ATTEST THAT I HAVE NEVER BEEN CONVICTED OF A FELONY CRIME.

I AGREE TO ABIDE BY THE POLICIES OF MY DIOCESE REGARDING WORKING WITH MINOR CHILDREN.

MEDICAL HISTORY PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES

Allergies: _____

Current Medications: _____

Medical History: _____

FIRST AID OR EMERGENCY MEDICAL TREATMENT

- I understand that Totus Pro Deo will usually have a first aid area staffed by volunteer personnel during event times in the Jenny Craig Pavilion. I authorize that staff to provide first-aid or medical care as deemed necessary or appropriate.
- I hereby give permission to the representatives of Totus Pro Deo, All for God, the Diocese of San Diego, Jenny Craig Pavilion, SDSU, USD, UCSD, FUS, their officers, directors, agents, volunteers and representatives associated with this event and the event staff to transport me to a hospital to receive emergency medical or surgical treatment.
- I relieve Totus Pro Deo, All for God, the Diocese of San Diego, Jenny Craig Pavilion, SDSU, USD, UCSD, FUS, their officers, directors, agents, volunteers and representatives associated with this event and the event staff of all responsibility and consequences that may arise as a result of any such first-aid or medical treatment. I will not hold any of the above named parties liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of medical treatment.

Signature: _____ Date: _____

I am traveling as an individual **OR** I am part of the Parish/College Group: _____