

CONSENT AND WAIVER FORM for ADULTS

(Please print)

Participant's Name: _____ **Birth Date:** _____ **Age:** _____ **Male/Female:** _____

Address: _____ **City/State:** _____ **Zip:** _____

Home Telephone: (____) _____ **Business:** (____) _____ **Cell:** (____) _____

Emergency Contact: _____ **Relationship:** _____ **Phone:** _____

Activity/Field Trip: _____

MEDICAL INFORMATION: List any medical conditions (e.g., diabetes, epilepsy, heart conditions, etc.)

Explain (attach additional sheets as necessary): _____

I am taking the following medications:

	<u>Name of Medicine</u>	<u>Dosage</u>	<u>Frequency</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Do you have any allergies? (e.g., insects, hay fever, strawberries, peanuts, etc.) ___yes___ no
If yes, explain (attach additional sheets as necessary): _____

Do you have any allergies or adverse reactions to medications? (e.g., penicillin, ibuprofen, acetaminophen, etc.) ___yes___ no **If yes, explain (attach additional sheets as needed):** _____

Do you have any disabilities or physical or developmental limitations? Yes_____No_____

If yes, explain (attach additional sheets as necessary): _____

Date of last Tetanus: _____ **Physician:** _____ **Phone:** _____

Health Plan Carrier: _____

Group#: _____ **Policy #:** _____ **Name of primary insured:** _____

CONSENT TO TREATMENT: I hereby warrant that to the best of my knowledge, I am in good health and physically able to participate in the Activity and I assume all responsibility for my health and physical condition and my ability to participate. In the event of circumstances that indicate that I am in need of immediate medical care, I authorize and give permission for myself to be transported to a hospital/clinic/medical facility for evaluation and emergency medical or surgical treatment, including any necessary X-ray examination. I authorize any licensed physician or medical center to treat me. **I accept full responsibility for any associated medical or hospital bills.**

LIABILITY WAIVER In consideration of my participation in the Activity (ies) set forth herein, I do on behalf of myself and my heirs, successors, assigns and next of kin, release, waive, hold harmless, defend and covenant **NOT TO SUE**, _____(Parish/School Name), the Archbishop of the Archdiocese of Oklahoma City, and the Archdiocese of Oklahoma City and each of their respective departments, directors, administrators, teachers, officers, agents, representatives, volunteers and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I may suffer due to illness or injury suffered as a result of, or in connection with, participation in the Activity, including without limitation, travel to and from the Activity, housing, meals and collateral entertainment and medical treatment and any consequences that may arise as the result of said treatment, to the fullest extent permitted by law.

LOST OR STOLEN ITEMS: I hereby understand and agree that neither _____(Parish Name) nor the Archdiocese of Oklahoma City nor any of their respective departments, employees, directors, officers, agents, representatives and/or volunteers shall be held liable for any of my personal property lost or stolen during participation in the Activity.

I have read and understand this consent and waiver form & sign it voluntarily and entirely of my own free will.

SIGNATURE _____ **Date** _____