

PARENT MEDICAL AND LIABILITY RELEASE STATEMENT CODE OF CONDUCT and PHOTO RELEASE

DIOCESE OF SAN BERNARDINO 1201 E. Highland Ave, San Bernardino, Ca 92404-4641 (909) 475-5167

CATHOLIC MUTUAL GROUP 2724 Waterman Ave Ste. J, San Bernardino, CA 92404-4641 (909) 886-6001

St. Mother Teresa of Calcutta 31579 Vintners Pointe Ct, Winchester, CA 92596 (951) 325-7707

Activity: **SMTOCYM SUMMER EVENTS**

Cost: **N/A**

Location: **VARIOUS**

Date & Time of Activity: **SUMMER 2019**

** Please check one:

___ Adult (18 and older) ___ Youth (under 18)

(Please Print)

Participant's Name: _____ Date of Birth ____/____/____

Parent's Name and Email: _____

Phone #: _____ C ell or Work #: _____

Emergency Contact Name: _____ P hone #: _____

Family Physician: _____ P hone #: _____

Insurance Company: _____ Policy No: _____

Allergies/ Medical Problems/ Disabilities _____

Is the participant taking any over the counter or prescriptions drugs?

Please list and print Clearly _____ (Use another sheet if necessary)

Please list any Allergies to medication or foods _____

I also understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this form, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/ or order an injection, anesthesia, or surgery for my child as deemed necessary. I understand all reasonable safety precautions will be taken at all times by: **Diane Axline, Jennifer Heffernan and Melissa Colombo** and their chaperones during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility of risk. I agree not to hold, **St. Mother Teresa of Calcutta Catholic Parish**, its leaders, employees and volunteers liable for damages, losses, diseases, or injuries incurred by the participant named on this form. I understand that by signing this form I/my child agree(s) to cooperate and participate fully, that I/my child will show respect for the property visited, respect for neighbor, that I/my child will show respect for the law and practice safety skills at all times. By failing to meet this code of conduct, I/my child am/are aware that appropriate action may be taken and arrangements may be made for immediate removal from the event.

I hereby authorize the making of photographs, motion pictures, videotapes, recording, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

☐ By checking this box, **IDO NOT** authorize any photos, videotapes or recordings of my child.

Parent/ Guardian Signature Required

Date (Youth or Adult)

Signature of Participant Required

Date (Youth or Adult)