

Catholic Diocese of Austin

Godstock 2011

April 30- May 1, 2011

ADULT CONSENT and RELEASE FOR MEDICAL TREATMENT

(For adult participants, 21 years of age or older.)

In Case Of Emergency, and in the event that I am not coherent or conscious, I hereby grant _____, and/or other adult chaperones of Godstock 2011, Eagles Wing Retreat Center, and the Diocese of Austin permission to act on my behalf in seeking emergency medical treatment for myself in the event that such treatment is deemed necessary.

I hereby give my permission to those administering medical treatment to do so.

I further absolve and release _____, Godstock staff, Eagles Wings Retreat Center, the Diocese of Austin and their employees, and volunteers, from any liability whatsoever when acting on my behalf in regard to medical treatment, and in any other respect deemed necessary should I become incapacitated.

Additionally, I give my permission to be photographed during activities associated with the above -mentioned event. I understand that said photos/videos may be used for future publicity within the parish, Diocese, and or Catholic Church.

Name of Participant: _____

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

Phone: _____

Insurance Company: _____

Policy Number: _____

Insurance Address / Phone: _____

Place of employment providing Insurance: _____

Please attach a photocopy of the Insurance Card to this Release Form.

Additional comments regarding medical history, allergies, medications, or other conditions:

In the event of an emergency, please contact the person(s) named below: Name:

_____ **Relationship:**

_____ **Phone Number(s):**

I acknowledge that my signature on the bottom of this page signifies that I am in agreement with all the statements on this form. Furthermore, I agree to abide by all policies and expectations regarding adult leaders / chaperones as put forth by the Catholic Diocese of Austin. My primary function on this trip is to ensure the safety and well-being of all participants in my charge. I will refrain from any actions / behaviors that are not consistent with the teachings of the Catholic Church and any that could be potentially harmful to myself and any other participants.

Signature of Participant: _____ **Date:** _____