

## **Consent to Participate in Activity, Emergency Medical Information, and Release**

**Participant:** \_\_\_\_\_ for Participant and Participant's heirs, executors, and administrators.

**Event:** Austin Godstock 2016

**Parish/Facility:** \_\_\_\_\_, located in \_\_\_\_\_, Texas, a Texas non-profit corporation, including its faculty, employees, contractors, clergy, agents, facilitators, and volunteers and Eagle's Wings Retreat Center, a Texas non-profit corporation, including its employees, contractors, clergy, agents, facilitators, and volunteers.

**Diocese:** The Catholic Diocese of Austin, a Texas non-profit corporation, including its employees, contractors, clergy, agents, facilitators, and volunteers

**Transportation Provider:**     *(name)*

A.     Participant acknowledges and agrees that:

- (1)     Participant voluntarily seeks to participate in the Event;
- (2)     the Event may involve physical activity that involves risk of injury;
- (3)     Participant will abide by all policies and rules established for Event and instructions of those persons facilitating, organizing, or overseeing the Event;
- (4)     Participant is responsible for Participant's conduct during the Event and is responsible for any damages, claims, or other costs caused by Participant or incurred as a result Participant's conduct; and
- (5)     if Participant's conduct is inappropriate, unsafe, or detrimental to the Event, other Participants or other persons, Parish/School or the Diocese may be terminate Participant's participation in the Event and future Events.

B.     In the event of an emergency or a situation that is reasonably considered to be an emergency, Participant authorizes the Parish/School and the Diocese to seek and authorize emergency medical care to be given to Participant (for example, First Aid, medication, anesthesia, or surgery). The Parish/School will make reasonable attempts to notify persons listed as emergency contacts in this form prior to authorizing any such emergency care.

C.     Participant grants Parish/School and the Diocese permission:

- (1)     to photograph and video tape Participant during the Event; and
- (2)     to use the photographs and video tapes in publications and promotions of the Parish/School and the Diocese, including but not limited to publications such as websites, newsletters, advertisements, scrapbooks, and yearbooks.

D. To the extent permitted by law, Participant, releases and agrees to indemnify and hold harmless the Parish/School, the Diocese, and the Transportation Provider from any and all liability, claims, demands, and costs which may arise as a result of Participant's participation in the Event or which is, in any way, related to such participation. This paragraph covers loss under any theory of loss (negligence or otherwise) including but not limited to personal injury or property damage. Participant assumes all risk of injury or loss for bodily injury or property damage.

Participant's signature: \_\_\_\_\_ Date \_\_\_\_\_

*Please provide the following information.*

### **Emergency Contact and Insurance Information**

In the event of an emergency contact:

Phone: \_\_\_\_\_

Alternatively, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Participant's Insurance Carrier:

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Copy of insurance card must be attached.**

Date of Last Tetanus Booster:

Participant has the following conditions (allergies, medical conditions, etc.):

*Attach additional sheets if necessary*

Participant is currently taking the following medication:

**Attach copies of prescription and any instructions related to the medication, including the amount and timing of dosages.**

Special Instructions or Other Information: