



# Steubenville on the Bayou

## ADULT VOLUNTEER LIABILITY /MEDICAL RELEASE FORM

Volunteer's Name: \_\_\_\_\_ M/F: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Health Information**  
 Please have your insurance card with you at all times.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Participant's Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Participant's allergies, if any (including medications and foods): \_\_\_\_\_  
 Participant's chronic medical problems, if any: \_\_\_\_\_  
 Participant's other physical restrictions, if any: \_\_\_\_\_  
 Current medication(s) taken by Participant: \_\_\_\_\_  
 Reasons for taking medication(s): \_\_\_\_\_

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Agreements & Liability Release**

1. I agree to abide by all the rules and regulations stated by Steubenville on the Bayou Catholic Youth Conference.
2. I remain fully responsible and liable for any claims brought against Diocese of Houma-Thibodaux (Steubenville on the Bayou), which may result from any actions I may take.
3. I have read and understood the expectations and guidelines for this event and will cooperate with these rules. I understand that failure to comply may result in immediate dismissal, with transportation home at my expense, as outlined in the consequence policy.
4. Should photos or video be taken, I give my permission for the use of my image and/or likeness in any promotional or other marketing activities relating to the Steubenville on the Bayou Catholic Youth Conference.
5. In the event of an emergency, I hereby give permission to the Diocese of Houma-Thibodaux (Steubenville on the Bayou), its directors, agents, volunteers, and representatives associated with this event to transport me to a hospital to receive emergency medical or surgical treatment.
6. I relieve the Diocese of Houma-Thibodaux (Steubenville on the Bayou) of all responsibility and consequences that may arise as a result of this treatment.
7. I will not hold the Diocese of Houma-Thibodaux (Steubenville on the Bayou) liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of medical treatment.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_