

**Diocese of Fort Worth and/or Parish of St Philip the Apostle Church
Youth Ministry Release of Liability/ Medical Release and
Promotional Release Form**

Adult Participant's Name: _____

Parish: _____ **Daytime Phone Number:** _____

Address: _____

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

Have you gone through the Keeping Children, Youth and Vulnerable Adults Safe Training Program from the Diocese of Fort Worth? _____ If so, when _____ what parish _____

Have you read and signed the Code of Conduct and Standards of Behavior from the Diocese of Fort Worth and do you agree to follow the "Code" and "Standards." _____

Have you read and do you you agree to follow the diocesan guidelines for on and off site youth ministry. _____

I agree on behalf of myself, my heirs, successors, and assign to hold harmless the Diocese of Fort Worth, the parish of St Philip the Apostle Church youth ministry program, their officers, directors, and agents from any liability (unless due in part by gross negligence of the Diocese and/or parish) for illness, injury or death arising from or in connection with my attending youth ministry events beginning the 1st day of June, 2008 through the 31st day of May, 2009.

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all court costs, reasonable attorneys fees and expenses incurred by the prevailing party.

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that I have the following allergies: _____
_____.

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: _____

Relationship to me: _____

Day Time Phone Numbers: _____ **Night Time Phone Number:** _____

Health Insurance Carrier: _____

Insurance ID Number: _____ **Insurance Policy Number:** _____

I also consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction (in perpetuity unless otherwise revoked by me in writing and delivered by certified mail, return receipt requested, to: The Catholic Center, 800 West Loop 820 South, Fort Worth, TX 76108, ATTN: Director of Youth Ministry and Adolescent Catechesis) in which I may appear by the Diocese of Fort Worth. I understand that these materials are being used for promotion of the youth ministry of the Diocese of Fort Worth which may include recruitment and fundraising efforts.

Signature

Date