



Creating programs and partnering with other organizations to address the spiritual, emotional, intellectual, social, as well as leadership development of Catholic youth.

## Volunteer Liability/Medical Release From

Name \_\_\_\_\_  Male  Female
Home Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_
Email Address \_\_\_\_\_

### Health Information (please have your insurance card with you at all times):

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Insurance Co Name \_\_\_\_\_
Allergies, if any, including medications and food: \_\_\_\_\_
Chronic Medical Problems  Asthma  Headaches  Menstrual Cramps  Frequent Colds  Diabetes
 Sleepwalking  Frequent Ear Infections  Other \_\_\_\_\_
Other physical restrictions, if any \_\_\_\_\_
Current Medications being taken \_\_\_\_\_
Reasons for Taking \_\_\_\_\_

### Medical Release:

- In the event of an emergency, I hereby give permission to Partnership for Youth, its officers, directors, agents, volunteers and representatives associated with this event to transport me to a hospital to receive emergency medical or surgical treatment.
I relieve Partnership for Youth of all responsibility and consequences that may arise as a result of this treatment. I will not hold Partnership for Youth liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of medical treatment.
I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough drops) to be given to me, if deemed advisable by the emergency medical personnel supplied by Partnership for Youth.

#### In the event of an emergency, contact:

Name \_\_\_\_\_
Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

### Liability Release:

- I remain fully responsible and liable for any claims brought against Partnership for Youth, which may result from any of my actions.
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 my removal as a volunteer.
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 Conference

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.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_