



*Providing transformational Catholic events for young people*

## Volunteer Liability / Medical Release Form

PLEASE PRINT Last \_\_\_\_\_

First \_\_\_\_\_

Middle Initial \_\_\_\_\_

### Health Information (**Please keep your insurance card with you at all times**):

Male \_\_\_\_\_ Female \_\_\_\_\_ Allergies, if any, including medications and food: \_\_\_\_\_

Chronic Medical Problems  Asthma  Headaches  Diabetes  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.

### DO NOT WRITE BELOW THIS LINE

*Upon conference check-in you will be asked to verify and make any changes to the above information before signing and dating below.*

*Please note and  
initial any corrections.*

**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

\_\_\_\_\_  
Date