

**LIABILITY/MEDICAL RELEASE FORM - ADULT PARTICIPANT (18 and over)**

Please print or type all information clearly. This form is required for attendance at the conference and should be used along with any liability form required by the local dioceses.

Event: Steubenville East 2010 July 23-25 University of Rhode Island

Group Leader: \_\_\_\_\_ Parish: \_\_\_\_\_

Check one of the following:  Chaperone (over 21 and in charge of teens)  Young Adult participant

Participant's Name \_\_\_\_\_

M/F \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Will have at event  
\_\_\_\_\_ Will not have at event

**MEDICAL/LIABILITY RELEASE**

- I, the undersigned, do hereby release, forever discharge, and agree to hold Life Teen Inc., Franciscan University of Steubenville, and the site organization(s), harmless from any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever, which may be incurred or suffered by the undersigned while attending the above activity.
- Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expenses arising from the undersigned participation in all activities, including recreation and work activities involved in the above activity. In addition, I authorize and grant permission to furnish all necessary transportation, food, lodging, and medical treatment for the undersigned. I give permission for diagnoses, treatment, and prescription of medication in accordance with standard medical practice by appropriate health care personnel. I release Life Teen Inc., Franciscan University of Steubenville, and the site organization of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling, acquiring and/or providing medical treatment.
- I further hereby agree to indemnify and hold Life Teen International, Franciscan University of Steubenville, the site organization(s), and their respective members, directors, employees, volunteers, and agents (collectively, the "Indemnitees"), harmless from and against any and all claims, demands, actions, lawsuits, damages and liabilities, including attorneys' fees and expenses sustained by the Indemnitees as the result of the negligent, willful, or intentional acts of the undersigned.
- Furthermore, I understand that Life Teen Inc., Franciscan University of Steubenville, and the site organization will not be liable if the undersigned fails to cooperate with the rules and that any infraction of the rules may result in immediate dismissal from the conference at my expense.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY Contact Information:**

In the event of an emergency please contact: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: # (\_\_\_\_\_) \_\_\_\_\_

**MEDICAL HISTORY**

**PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES**

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical History: \_\_\_\_\_