

LIABILITY/MEDICAL RELEASE FORM - TEEN PARTICIPANT

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: _____

Participant's Name _____ M/F _____ Year of Graduation _____

Date of Birth _____ E-Mail _____

Parents/Guardian First and Last Names: _____

Home Address _____ City _____ State _____ Zip _____

Parent's Home Phone # (_____) _____ Parent's Cell Phone # (_____) _____

Parent's Work Phone: (_____) _____ Parent's Other Phone # (_____) _____

MEDICAL/LIABILITY RELEASE

- I (We), 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 (We) hereby assume all risk of personal injury, sickness, death, damage and expenses arising from the participant's participation in all activities, including recreation and work activities involved in the above activity. In addition, I (We) authorize and grant permission to furnish all necessary transportation, food, lodging, and medical treatment for the participant. I (We) give permission for diagnoses, treatment, and prescription of medication in accordance with standard medical practice by appropriate health care personnel. I (We) 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 (We) agree to accept any and all financial responsibility as a result of scheduling, acquiring and/or providing medical treatment.
- I (We) 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 participant.
- Furthermore, I (We) 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.
- I (We), the parents or legal guardians, hereby agree to all of the foregoing on behalf of the participant and grant permission for _____, the participant, to fully participate in the above activity and all it's undertakings. Through me, the minor agrees to abide by all the rules and regulations stated by Life Teen, Inc., Franciscan University of Steubenville, the site organization, and the conference staff.

Parent Signature: _____ Date: _____

MEDICAL HISTORY

PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES

Allergies: _____

Current Medications: _____

Medical History: _____

Insurance Carrier: _____ Policy Number: _____

EMERGENCY Contact Information:

In the event of an emergency please contact: Name: _____

Relationship: _____ Telephone: # (_____) _____

ONE FORM MUST BE COMPLETED FOR EACH ADULT ATTENDING