LIABILITY/MEDICAL RELEASE FORM – ADULT PARTICIPANT

ONE FORM MUST BE COMPLETED FOR EACH ADULT ATTENDING

Name_____

Address_____

City_____State_____Zip_____

Cell Phone_____E-mail_____

I,_____(name), am attending the Convivio High School Congress, on March 2-4, 2018, at Sacred Heart University in Fairfield. If needed for health reasons, I give permission for myself to be evaluated, diagnosed, treated and/or given medication in accordance with standard medical practice by licensed medical personnel. I relieve the Diocese of Bridgeport and the Marian Community of Reconciliation (MCR) of all responsibility and consequences that may arise as a result of this treatment. I will not hold the Diocese of Bridgeport nor the MCR liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

I agree to abide by all rules and regulations stated by the Diocese of Bridgeport and the MCR. I understand that any Diocese of Bridgeport and the MCR staff will not be held liable if I fail to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the event at my expense.

I give permission to any member of the Diocese of Bridgeport or the MCR to photograph, videotape and/or film myself and to use my image in photographs, video, and/or film for the purpose of promoting the mission, activities, and programs of Convivio. I understand that I am are not entitled to any compensation or rights in these materials, and I release the Diocese of Bridgeport and the Marian Community of Reconciliation from any liability for the use of my image for the above stated purposes.

_____**DATE:**_____

SIGNATURE OF ADULT PARTICIPANT

Family Physician_____ Phone (_____)_____

Allergies or Medical Conditions (be specific) _____

Current Medications_____

Medical History (be specific)_____

Medical Insurance Provider_____ Insurance #_____

In case of emergency, please contact:

Name_____ Phone (_____)_____Cell (____)_____

Name_____ Phone (_____)_____Cell (____)_____