## Archdiocese of Galveston-Houston Key Leader, Chaperone and Young Adult Assistant Medical Release and Liability Form

Houston, the parish, its staff and volunteers from an participation in this event. I waive such claims agai attributable in any legal way, to any action or omiss	, do hereby release, hold harmless and discharge the ny and all liability, claim, loss, damage, cost or expense inst such organization or any such person, arising direct sion to act of any such organization or person in connec physician or licensed medical team in case of any accide	arising from my ly or indirectly from or tion with execution of this
Print Name	Date:	_
Address		_
City	Zip	_
Parish		_
Home Phone ()	Work Phone ()	_
Physician's Name	Phone ()	_
(The following request is pertinent information	if you rendered unconscious)	
Date of Birth (including year):	Age:	
Date of last Tetanus shot:	_	
Please list ALL medical conditions / allergies / spe	cial health information including bouts with depression	and anxiety:
Please list ANY medications (prescription or non-p	rescription) you would like us to be aware of:	
Do you have Medical Insurance: □ Yes □ No		
If Yes, Please provide the following information:	Insurance Company:	
Policy in the name of:	Policy Number:	
Name of Emergency Contact:	Phone Number: ()	
In the event the participant does not have insura patient.	nice, payment in full for medical care becomes the re	esponsibility of the
X		
Signature		
Conduct). Should I not be able to maintain the	/all policies and rules established for this event/activi guidelines and expectations of the adult chaperones/y ny actions, which could include being asked to leave	young adult assistants, I