

STEUBENVILLE EAST 2008– JULY 11-13, 2008 AND/OR JULY 18-20 (2 page form)
LIABILITY/MEDICAL RELEASE FORM – VOLUNTEER
ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING!

Participant's Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____ Phone# _____

E-mail _____

I, _____ (name) am volunteering at the Steubenville East High School Youth Conference to be held on July 11, 12, 13, 2008 and/or July 18, 19, 20, 2008, at the Shrine of Our Lady of La Salette, 947 Park Street, Attleboro, Massachusetts. I hereby release both on behalf of myself, and my spouse, the Shrine of Our Lady of La Salette, Inc. ("La Salette") from any and all damages, losses, costs, expenses, judgments and executions that may arise as a result of personal injury, including but not limited to, death while volunteering at the Steubenville East High School Youth Conference, whether upon the grounds of La Salette or elsewhere. Further, if needed for physical or mental health reasons, I give permission to be evaluated, diagnosed, treated and/or given medication by licensed medical/mental health personnel. I agree to accept any and all financial responsibility as a result of the provision of such medical or mental health treatment provided by any third party agencies and agree to pay such third party agencies the cost of a bill. I, on behalf of myself and my spouse release La Salette and agree to hold La Salette harmless from any and all personal injuries, including but not limited to, death that may occur as a result of the provision of the medical or mental health treatment authorized herein.

I certify that I shall abide by all the rules and regulations promulgated by La Salette and the conference staff related to the Steubenville East High School Youth Conference. In the event that I fail to cooperate with such rules and regulations, or commit any infraction of the rules and regulations, I may be immediately dismissed from the conference at my expense.

I grant permission to La Salette and the Franciscan University of Steubenville to photograph, video or audio tape, film or otherwise record me and to use my image in photographs, video or audio tapes, film or recordings for the purpose of promoting the mission, activities and programs of La Salette and the Franciscan University of Steubenville. I understand and agree that I, and my spouse are not entitled to any compensation or rights in these materials and I release on behalf of myself, and my spouse La Salette and the Franciscan University of Steubenville from any and all losses, damages, costs, expenses, liabilities, judgments of executions for the use of my image as set forth herein

SIGNATURE _____ **DATE** _____

Family Physician _____ Phone # _____

Please list any and all Allergies in the following categories:

Environmental (i.e. pollen, dust...)

Medications

Food

NAME _____

Medical History (be specific)

Please indicate any medical conditions that we should be concerned about:

Please list Current Medications :

Please indicate any Mental Health information we should be concerned about (be specific):

Please indicate any medical conditions that we should be concerned about:

Medical Insurance Provider _____ **Insurance No.** _____

In case of any emergency, please contact:

Name _____ **Relationship** _____

Home Phone _____ Cell Phone _____

Work Phone _____ other number of contact _____

Name _____ **Relationship** _____

Home Phone _____ Cell Phone _____

Work Phone _____ other number of contact _____

Name _____ **Relationship** _____

Home Phone _____ Cell Phone _____

Work Phone _____ other number of contact _____