

**EVENT:
HEALTH INFORMATION/RELEASE OF LIABILITY/CONSENT TO TREAT**

FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

Name of Parent(s)/Guardian(s) _____

Home Phone # _____ Work Phone # _____

Health Insurance Co. _____ Policy # _____

Youth _____ Adult _____ Grade _____ Birth Date _____ Male/Female _____

Parish _____ Parish City _____

Are you currently under the care of a doctor, psychologist or psychiatrist? _____

Name of Family Physician _____ Phone # _____

Last Tetanus shot: _____ Allergies to Drugs or Foods: _____

Do you have any special dietary needs or restrictions? _____

Special Medications, blood type or pertinent medical information: _____

_____ Witness _____ Applicant's Signature

_____ Witness Address

I/we request that my/our son/daughter attend the _____ under the auspices of the Diocese of Paterson to be held in/at _____ from/on _____. I/we have read the foregoing Health Information/Release of Liability/Consent to Treat Form and the answers are all correct.

I/we can be reached at the telephone numbers referred to above but if emergency medical care or treatment shall be necessary and if I/we cannot be contacted, I/we authorize the delegated agents of _____ Parish to act on my/our behalf and approve appropriate treatment. I/we understand that I/we remain responsible for my/our child's medical expenses.

Release of Liability and Hold Harmless: In consideration of _____ Parish's acceptance of my/our son's/daughter's registration for this event, I/we release, hold harmless and forever discharge the Most Rev. Arthur J. Serratelli, S.T.D., S.S.L., D.D., Bishop of the Roman Catholic Diocese of Paterson and his successors in office, the Diocese of Paterson, the Parish and all of their affiliated agencies, organizations, etc. and all of their officers, trustees, employees, agents, volunteers, personnel, affiliates, etc. from and against any and all liability, claims, losses, damages, costs and expenses for bodily injury and/or property damage and explicitly waive any such claims against the Diocese, Parish and all of their affiliated agencies, organizations, etc. and such individuals resulting directly or indirectly from or attributable to any and all negligence, actions or omissions to act on the part of any such individuals, Diocese, Parish, affiliated agencies, organizations, etc. in connection with this event and I/we further agree to fully indemnify and hold harmless the Diocese, the Parish, all of their affiliated agencies, organizations, etc. and their officers, trustees, employees, agents, volunteers, personnel, affiliates, etc. from any such liability, claims, losses, damages, costs and expenses, including reasonable counsel fees. In addition, in the event of a dispute regarding this Release of Liability, I freely, knowingly and specifically waive trial by jury and consent to the resolution of any and all disputes hereunder through binding arbitration through the auspices of the American Arbitration Association and the rules governing arbitration through that organization.

The Parents' or Legal Guardian's agreement to indemnify specifically includes any and all claims, damages, losses and/or expenses resulting from bodily injury or property damage, sickness, disease or death or injury to or destruction of tangible property caused in whole or in part by the negligence of a party indemnified hereunder.

The Parents' or Legal Guardian's insurance is primary over all other available insurance.

_____ Date _____ parent or guardian – indicate which and if guardian, give details

_____ Witness _____ parent or guardian – indicate which and if guardian, give details

_____ Witness Address _____ applicant's signature if 18 years of age or over