

**St. Peter Parish - Sisters in Christ
Medical/Liability Release Form from Diocese of Wichita**

PLEASE PRINT LEGIBLY IN INK:

Name of Participant _____ **Date of Birth** ____/____/____

Address _____ **City** _____ **State** ____ **Zip** _____

Phone # (____) _____ **M** **F** **Height** ____ **Weight** ____ **Age** _____

Emergency Contact # 1 Name: _____ **Relationship to participant** _____

Address (if different from participant) _____

Contact Home or Cell Phone _____ **Contact Work Phone** _____

Emergency Contact # 2 Name: _____ **Relationship to participant** _____

Contact Home or Cell Phone _____ **Contact Work Phone** _____

Insurance Company _____ **Policy #** _____

List any Allergies/ Present medical conditions/ Activity and/or food restrictions:

List current medications and dosage:

Contact lenses? Yes ___ No ___

Medical Permission for Youth and Adults

I grant permission in the event I/my child is injured or becomes ill for medical care to be administered to me/my child and to use my/our personal insurance to cover such incidents. I hereby give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician.

Release of Liability for Youth and Adults

I understand all reasonable safety precautions will be taken at all times by Sisters in Christ and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Catholic Diocese of Wichita and/or St. Peter the Apostle Catholic School and the Sisters in Christ, its leaders, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Code of Behavior for Youth and Adults

I agree to abide by and/or instruct my child to abide by all rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if I/my child fail(s) to abide in any way by the rules, that I/my child can be dismissed from the organization. with no right of reimbursement or refund for any amount in connection therewith from Sisters in Christ or any of its agents.

Photo Release

I hereby authorize Sisters in Christ, and its agents to utilize photographic and/or video images of me or my child. In giving my consent, I hereby release and hold harmless the Sisters in Christ and it's agents from any and all responsibility or liability. I understand that I will receive no compensation, should any photograph and/or video of me or my child be used. I understand that photos published to the Parish Web page will not include any individual names of the photographed subjects.

Signature of Parent/Guardian* _____ **Date** _____

**Required if participant is under 18*

Email address _____ **Grade and Teacher** _____

Please make \$30 check out to "Sisters in Christ."