

**OFFICE OF FAITH FORMATION – TOTUS TUUS  
CATHOLIC DIOCESE OF WICHITA**

**Medical Release & Waiver** (revised March 2012)

**PLEASE PRINT LEGIBLY IN INK:**

**Name of Participant** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M F

**Emergency Contact #1 Name:** \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Address (if different from participant) \_\_\_\_\_

Contact Phone #1: \_\_\_\_\_ Contact Phone #2: \_\_\_\_\_

**Emergency Contact #2 Name:** \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Contact Phone #1: \_\_\_\_\_ Contact Phone #2: \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ Policy #: \_\_\_\_\_

List any allergies / present medical conditions / activity and/or food restrictions:

\_\_\_\_\_

List current medications and dosage: \_\_\_\_\_

Does participant wear contact lenses? Y N

**Medical Authorization:**

I/We understand that the Catholic Diocese of Wichita, the Office of Faith Formation, and Totus Tuus assume no responsibility for accidents which may occur in association with diocesan events and activities. I/We agree to use my/our personal insurance to cover any such incidents. I/We understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed above. In the event those individuals cannot be reached, I/We hereby give permission to the physician or any other qualified medical staff selected by the event leader to hospitalize, secure medical treatment, and/or order injection, anesthesia, or surgery for Participant as deemed necessary.

**Permission for Other Medical Matters:**

\_\_\_\_\_ YES, in the event it comes to the attention of the Diocesan and/or parish chaperones that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to Participant.

**Release of Liability for Youth and Adults:**

I understand all reasonable safety precautions will be taken at all times by the Catholic Diocese of Wichita, the Office of Faith Formation, and Totus Tuus and its employees and agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to indemnify and hold harmless the Catholic Diocese of Wichita, the Office of Faith Formation, and Totus Tuus, its leaders, employees and volunteer staff from any and all claims arising from or in connection with attending this event.

**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/Participant fail(s) to abide in any way by the rules, that I/Participant can be dismissed from the event and sent home immediately at my/Participant's expense with no right of reimbursement or refund for any amount in connection therewith from the Catholic Diocese of Wichita or its chaperones/representatives.

**Photo release:**

I hereby authorize the Catholic Diocese of Wichita, the Office of Faith Formation, and Totus Tuus and its agents to utilize photographic and/or video images of me or my child by the Catholic Diocese of Wichita. In giving my consent, I hereby indemnify and hold harmless the Catholic Diocese of Wichita, the Office of Faith Formation, and Totus Tuus and its agents from any and all responsibility of liability. I understand that I will receive no compensation should any photograph and/or video of me or my child be used.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian\* \_\_\_\_\_ Date \_\_\_\_\_

**\*Required** if participant is under 18