

**DIOCESE OF BRIDGEPORT – OFFICE OF PASTORAL SERVICES – YOUTH MINISTRY
LIABILITY/MEDICAL RELEASE FORM – ADULT PARTICIPANT**

Name _____ Birth Date _____
Address _____
City _____ State _____ Zip _____ Phone _____
E-mail _____ Parish _____

I, _____ (full name) am attending the **Steubenville East Conference held on 23 -25, 2010, at the University of Rhode Island**. If needed for health reasons, I give permission for myself to be evaluated, diagnosed, treated and/or given medication in accordance with standard medical practice by licensed medical personnel. I relieve the Diocese of Bridgeport or any of its agents of all responsibility and consequences that may arise as a result of this treatment. I will not hold the Diocese of Bridgeport liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

I agree to abide by all rules and regulations stated by the Diocese of Bridgeport. I understand that the Diocese of Bridgeport or any of its agents will not be held liable if I fail to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the retreat at my expense.

DATE: _____

SIGNATURE OF ADULT PARTICIPANT _____

Adult Participant Printed Name: _____

Family Physician _____ Phone # (_____) _____

Allergies or Medical Conditions (be specific) _____

Current Medications _____

Medical History (be specific) _____

Medical Insurance Provider _____ Insurance # _____

In case of emergency, please contact:

Name _____ Phone (_____) _____ Cell (_____) _____

Name _____ Phone (_____) _____ Cell (_____) _____