

# PARANT MEDICAL AND LIABILITY RELEASE STATEMENT CODE OF CONDUCT and PHOTO RELEASE

**DIOCESE OF SAN BERNARDINO 1207 E. Highland Ave., San Bernardino, CA 92404-4641 (909) 475-5300**  
**CATHOLIC MUTUAL GROUP 1201 E. Highland Ave., San Bernardino, CA 92406-3972 (909) 886-6001**  
**Holy Spirit Church 26340 Soboba St., Hemet, CA 92544 Phone (951) 827-8544**

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|--------------------------|---|---|
| <b>EVENT INFORMATION</b> | <p>Event _____</p> <p>Location: _____</p> <p>Phone: _____</p> <p>Date &amp; Time of Activity:<br/>Date: _____</p> <p>(Please print) _____</p> <p>Participant's Name: _____ Date of Birth: _____</p>   | <p><input type="checkbox"/> <b>** Please Check one:</b><br/>Adult (18 and older)</p> <p><input type="checkbox"/> Youth (under 18)</p> |
| <b>MEDICAL LIABILITY</b> | <p>Parents Name _____</p> <p>Phone # _____ Cell or Work # _____</p> <p>Emergency Contact Name: _____ Phone # _____</p> <p>Family Physician: _____ Phone # _____</p> <p>Insurance Company: _____ Policy No: _____</p> <p>Allergies/medical Problems/Disabilities _____</p> <p>Is the participant taking any over the counter or prescription drugs? Please list and print clearly<br/>(Use another sheet if necessary) _____</p> <p>Please list any allergies to medications or foods: _____</p> <p>I also understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the person listed on this form. If I cannot be reached in an emergency during the activity dates shown on this form, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/ order an injection, anesthesia, or surgery for my child as deemed necessary.</p> <p>I understand all reasonable safety precautions will be taken at all times by: <b>Norma Lopez 954-827-8544</b> and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. I agree not to hold <u>Holy Spirit Catholic Church, Hemet CA, 92544</u>, its leaders, employees, and volunteers liable for damages, losses, diseases, or injuries by the subject of this form.</p> |   |
| <b>CONDUCT</b>           | <p>I understand by signing this form I/my child agree(s) to cooperate and participate fully, that I/my child will show respect for the property visited, respect for neighbor, that I/my child will show respect for the law and practice safety skills at all times. By failing to meet to meet this code of conduct, I/my child am/are aware that appropriate action may be taken, and arrangements may be made for immediate removal from the event.</p>   |   |
| <b>PHOTO</b>             | <p>I hereby authorize the making of photographs, motion pictures, videotapes, voice recordings, internet distribution or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I would otherwise might have to limit if to control such making or use.</p>  |   |
| <b>PERMISSIO</b>         | <p><input type="checkbox"/> By checking this box, I <b>DO NOT</b> authorize any photos, videotapes, voice recordings or internet distribution of my child,</p> <p>_____</p> <p>Parent or Guardian Signature Required for minors under 18 <span style="float: right;">Date</span></p> <p>_____</p> <p>Signature of Participant Required (Youth or Adult) <span style="float: right;">Date</span></p> <p>_____</p>  |   |