DYC ADULT REGISTRATION, LIABILITY WAIVER, MEDICAL AND CONSENT FORM FORM 8

Participant Name: _____ Birthdate: _____ Gender: _____ T-Shirt Size ___
Home Address, City, State, Zip: _____
Daytime Phone: _____ Evening Phone: _____ Cell phone: _____
Email: _____
Parish/School & Location: _____

I voluntarily agree to participate in the Diocese of Savannah's Diocesan Youth Conference on March 1-3, 2013, at the Epworth by the Sea Conference and Retreat Center on St. Simons Island. This activity will take place under the guidance and direction of employees/ volunteers from the Diocese of Savannah and employees/volunteers from my parish/school named above.

For value received, I agree to hold harmless and defend the Diocese of Savannah, its employees and agents, chaperones, or representatives associated with the event, and my parish/school named above, its officers, directors, employees and agents, from any claim arising from or in connection with my attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese of Savannah, its employees and agents and chaperones, or representatives, or my parish/school named above, its officers, directors and agents, and representatives associated with the event, for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge I am in good health, and I assume all responsibility for my health.

Special Conditions: Please check all that apply:

__ Wheelchair Access needed __ Hearing Impaired __Visually Impaired (beyond glasses/contacts) __ Mobility Impaired
__ Dietary Restrictions (please specify): _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to be transported to a hospital for emergency medical or surgical treatment. In such an event, please contact:

Name & Relationship: _____ Phone: _____
Family Doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____

Medications: I am taking medication at present. I will bring all such medications necessary, and such medications will be well-labeled. Names of medications, dosage and frequency of dosage, are as follows:

_____
_____

Specific Medical Information:

Allergic reactions *(medications, foods, plants, insects, etc.)*: _____

Date of last tetanus/diphtheria immunization: _____

Any physical limitations? _____

Are you subject to emotional reactions to new situations, sleepwalking, fainting? If so, please specify.

_____

If you have recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, please state disease, date and present condition: _____

_____

You should be aware of these special medical conditions: _____

_____

PHOTO RELEASE FOR INTERNET AND NEWSPAPER: I hereby grant permission for photographs taken of me at DYC to appear on one of the communication mediums of The Catholic Diocese of Savannah (e.g., *The Southern Cross* or diocesan websites) or of my parish/school. I understand that these images will be used only in relation to these publications and this event. Any other use of said images will require my full written consent.

Signature: _____ Date: _____