

**Diocese of Springfield Youth Dept
Adult Medical Release**

Springfield Department YouthQuake trip on 14-17 Jan 10

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Diocese and its staff of any liability for personal injury or losses of named individual.

I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the Diocese, its Bishop, priests, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my involvement. In the event that I am injured or become ill and require the attention of a doctor, and am unable to provide consent for treatment, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Diocese, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force. I also agree to travel home at my own expense should my removal be required for violation of the standards of conduct outlined above, or should medical treatment prevent me from travelling with the group.

Signature: _____ Date: _____

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