

"CtK Youth Registration 2005-2006"

Sponsored by Christ the King Catholic Church

Participant Liability Release Form

Participant's Name: _____

Social Security #: _____ Birth Date: _____ Age: _____

Address: _____ City: _____ ST: _____ Zip: _____

The undersigned do hereby release, forever discharge and agree to hold the Archdiocese of Denver harmless from and against any and all liability, claims, demands, lawsuits and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the undersigned and or the participant (if participant is under 18, or 18 and older) while attending the above activity.

Furthermore, the undersigned hereby assume all risk of personal injury, sickness, death, damage and expense arising from the undersigned's or participant's (if participant is under 18, or 18 and older) participation in all activities, including recreation and work activities involved in the above activity. In addition, authorization and permission is hereby given to furnish all necessary transportation, food, and lodging for the undersigned or participant (if participant is under 18, or 18 and older).

The undersigned further hereby agree to indemnify and hold the Archdiocese of Denver their respective members, directors, employees, and agents (collectively, the "Indemnities"), harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorneys' fee and expenses sustained by the Indemnities as the result of the negligent, willful or intentional acts of the undersigned and/or participant (if participant is under 18, or 18 and older).

If participant is under 18 years of age: We (I) are the parents(s) or legal guardian(s) of the participant, and hereby grant permission for _____ to participate fully in the above activity and all of its undertakings, and hereby give our permission to take said participant to doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery; and, we fully and completely assume responsibility for all medical bills.

Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs. **This form MUST be signed by ALL participants under 18 and ALL participants 18 or older. If participant is under 18, both parents (or custodial parent), or legal guardian must sign.**

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Legal Guardian: _____ Date: _____

Participant's Signature: _____ Date: _____

Phone: (day) _____ (eve) _____

In case of an emergency, please contact:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: (day) _____

Phone: (day) _____

(eve) _____

(eve) _____

HEALTH INFORMATION

◆ Name of Health Carrier: _____ Policy #: _____

◆ Family Physician: _____ Phone: (____) _____

◆ Allergies to Food: _____

◆ Allergies to Insects: _____

◆ Allergies to Medication: _____

◆ Other Allergies: _____

◆ Current Prescribed/Non-prescribed Medications: _____

◆ Are immunizations up-to-date and on record? _____ Last Tetanus Shot? _____

◆ Do you wear a Medic-Alert Tag for a Chronic Medical Condition? If yes, please specify: _____

I AM AWARE THAT I MUST WEAR MY MEDIC-ALERT TAG AT ALL TIMES

◆ Please give any comments that will aid medical personnel in your care if needed: (i.e. Blood Type, Injuries, Medical History, etc.): _____

ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING!