

STEBENVILLE EAST 2009- JULY 24-26, 2009
LIABILITY/MEDICAL RELEASE FORM – YOUTH PARTICIPANT
ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING!

YOUTH PARTICIPANT'S Name _____

Date of Birth _____

Address _____
Street City State Zip

Year of High School Graduation _____

Home Phone # (____) _____ Cell Phone # (____) _____

E-mail _____ Group Name _____

Group Number _____ Group Leader's Name _____

This must be included

PARENT/GUARDIAN

I, _____, Parent/guardian, of _____ ("child") hereby give permission for my child to attend the Steubenville East High School Youth Conference to be held on July 24, 25, 26, 2009, at the University of Rhode Island, in Kingston, RI and hosted by the Shrine of Our Lady of La Salette, Inc. I hereby release both on behalf of myself, my spouse and the child, the University of Rhode Island and the Shrine of Our Lady of La Salette, Inc ("La Salette") from any and all damages, losses, costs, expenses, judgments and executions that may arise as a result of personal injury, including but not limited to, death, suffered by the child while attending the Steubenville East High School Youth Conference, whether upon the grounds of the University of Rhode Island or elsewhere. Further, if needed for physical or mental health reasons, I give permission for the child to be evaluated, diagnosed, treated and/or given medication by licensed medical/mental health personnel. I agree to accept any and all financial responsibility as a result of the provision of such medical or mental health treatment provided by any third party agencies and agree to pay such third party agencies the cost of a bill. I, on behalf of my spouse and the child release the University of Rhode Island and La Salette and agree to hold the University of Rhode Island and La Salette harmless from any and all personal injuries, including but not limited to, death that may occur to the child as a result of the provision of the medical or mental health treatment authorized herein.

I certify on behalf of the child that my child shall abide by all the rules and regulations promulgated by La Salette and the conference staff related to the Steubenville East High School Youth Conference. In the event that the child fails to cooperate with such rules and regulations, or commits any infraction of the rules and regulations, the child may be immediately dismissed from the conference at my expense.

I grant permission to La Salette and the Franciscan University of Steubenville to photograph, video or audio tape, film or otherwise record the child and to use his or her image in photographs, video or audio tapes, film or recordings for the purpose of promoting the mission, activities and programs of La Salette and the Franciscan University of Steubenville. I understand and agree that I, my spouse and the child are not entitled to any compensation or rights in these materials and I release on behalf of myself, my spouse and the child La Salette and the Franciscan University of Steubenville from any and all losses, damages, costs, expenses, liabilities, judgments of executions for the use of the child's image as set forth herein

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

Medical Insurance Provider _____ **Insurance No.** _____

Family Physician _____ **Phone # (____)** _____

In case of any emergency, please contact:

Name: _____ Relationship _____

Home Phone _____ Cell Phone _____

Work Phone _____ other number for contact _____

Name: _____ Relationship _____

Home Phone _____ Cell Phone _____

Work Phone _____ other number for contact _____

YOUTH PARTICIPANT'S NAME _____

Please list any and all Allergies in the following categories:

Environmental (i.e. pollen, dust)

Medications

Food

Medical History (be specific)

Please indicate any medical conditions that we should be concerned about:

Please list Current Medications *(For safety and security reasons, medications must be checked in at the medical room in the Ryan Center upon the start of the conference. The conference team/volunteers are not responsible for medication not turned into the medical team.)*

Please indicate any Mental Health information we should be concerned about (be specific):
