

# Combined Registration, Consent & Health Form ADULTS

***ALL PILGRIMS OVER 18 MUST READ AND SIGN THIS FORM.***

## **EVENT NAME**

PLEASE NOTE; Your signature at the end indicates your consent and acceptance of the provisions included in this document.

Name: _____
Parish/School _____ City _____
Sex: _____ Home Phone (    ) _____
Mailing Address: _____
City, State & Zip _____
Emergency Contact/ Phone Number: _____

### **RELEASE AND HOLD HARMLESS** – To be completed by **ADULT PARTICIPANT**.

I, \_\_\_\_\_, agree to participate in **EVENT NAME**. I understand that participation in this activity may involve some risks despite the best efforts of the diocesan and parish/high school adult leaders and volunteers to supervise the participants and I agree to pay for any damages I may incur or cause. I agree to hold the high schools, the parishes, the Diocese of Brooklyn and all of their employees or volunteers harmless from any and all liability however caused which may result from my participation in the event and/or traveling to and from **EVENT NAME**. I give permission to have my photo taken during the event to be used for publicity purposes by the Diocese of Brooklyn.

I authorize the diocesan and parish/high school adult leaders and volunteers involved with this trip to obtain any emergency medical treatment which I might require in connection with this activity.

### **HEALTH INFORMATION**

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician or  
Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician/Clinic

Address: \_\_\_\_\_

Allergies: Please attach a statement noting all known allergies including how you have been treated and with what medication.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN TO:** Your group leader.

**ENTER LEADER FULL NAME AND ADDRESS WHERE TO RETURN FORM**