

**FORM XXIII G – ADULT PARTICIPANT  
CONSENT TO MEDICAL TREATMENT, RELEASE AND INDEMNITY**

Parish: \_\_\_\_\_ (the "Parish")

Youth/Young Adult Organization: \_\_\_\_\_ (the "Parish Organization")

Dates of the event or trip (include dates of departure and return): \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone (day): \_\_\_\_\_  
Address: \_\_\_\_\_ (evening): \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone (day): \_\_\_\_\_  
Address: \_\_\_\_\_ (evening): \_\_\_\_\_  
\_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICATIONS:**

Name of Medication: \_\_\_\_\_  
Prescribing Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL CONDITIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:**

To medicines: \_\_\_\_\_  
Other: \_\_\_\_\_

**INSURANCE:**

Insurance Carrier: \_\_\_\_\_ Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

**\*\* If you need additional space to complete any part of this form, please attach additional pages.**

**Participant's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**CONSENT TO MEDICAL TREATMENT, RELEASE AND INDEMNITY**

By reason of my being on a group trip, I hereby consent and give permission to be diagnosed, treated, and/or medicated in accordance with standard medical practice, by licensed medical personnel. I agree to accept any and all financial responsibility as a result of such treatment and the scheduling of such treatment.

I waive, release and discharge any and all claims against the Parish, the Parish Organization, the Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, for damages and/or injuries to me which may arise from such medical treatment.

In consideration of permission granted for me to participate in this Activity, I agree to indemnify, hold harmless, protect and defend the Parish, the Parish Organization, the Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, from and against any and all claims, losses, liabilities, damages, suits, fines, penalties, costs and expenses, including attorneys' fees, brought or incurred by or on behalf of any other person arising out of or in any way connected with such medical treatment.

**I HAVE READ THIS AGREEMENT CAREFULLY AND UNDERSTAND THAT IT AUTHORIZES MEDICAL TREATMENT FOR ME, RELEASES CLAIMS AGAINST THE PARTIES NAMED FOR INJURY TO ME OR DAMAGE TO MY PROPERTY CONNECTED WITH SUCH TREATMENT, AND THAT IT OBLIGATES ME TO INDEMNIFY THE NAMED PARTIES FOR LIABILITY TO OTHERS ARISING OUT OF SUCH TREATMENT.**

Participant's Signature: \_\_\_\_\_

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

*Updated: 8/1/14*