

**Diocese of Fort Worth and/or _____
Campus Ministry Release of Liability/ Medical Release and
Promotional Release Form**

Young Adult Participant's Name: _____

Parish: _____ Daytime Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Do you text? Yes No

Email Address _____

*I agree on behalf of myself, my heirs, successors, and assign to hold harmless and release the Diocese of Fort Worth, Bishop of the Roman Catholic Diocese of Fort Worth and his Successors in Office, Diocesan Employees and Volunteers, the _____ Campus Ministry program, their officers, directors, and agents from any liability (unless caused by gross negligence of the Diocese and/or parish) for illness, injury or death arising from or in connection with my attending young adult ministry events beginning the **1st day of June, 2011 through the 31th day of May, 2012.***

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all incurred court costs, reasonable attorneys fees and associated expenses incurred by the prevailing party.

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for all reasonable and necessary emergency treatment to be administered. Please advise the doctors that I have the following allergies and/or medical conditions:

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: _____

Relationship to me: _____

Day Phone: _____ Night Phone: _____

Do you have medical insurance? Yes No

Please attach a copy of your insurance card (front and back).

I also consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction (in perpetuity unless otherwise revoked by me in writing and delivered by certified mail, return receipt requested, to: The Catholic Center, 800 West Loop 820 South, Fort Worth, TX 76108, ATTN: Director of Campus Ministry) in which I may appear by the Campus Ministry Office and/or Diocese of Fort Worth. I understand that these materials are being used for promotion of the campus ministry of the Diocese of Fort Worth which may include recruitment and fundraising efforts.

Signature _____

Date _____