

**Diocese of Fort Worth and/or Parish of St. Jude Catholic Church
Young Adult Ministry Release of Liability/ Medical Release and
Promotional Release Form**

Young Adult Participant's Name: _____

Parish: _____ Daytime Phone Number: _____

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 and his Successors in office, Diocesan Employees, Volunteers, and the parish of St. Jude Catholic Church young adult 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, 2014 through the 31th day of May, 2015***

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 court costs, reasonable attorneys fees and 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 Number: _____ Night Phone Number: _____

Do you have medical insurance? Yes (attach a copy of your insurance card-front and back). No

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 Young Adult Ministry) in which I may appear by the Diocese of Fort Worth and/or the parish of St. Jude Catholic Church. I understand that these materials are being used for promotion of the young adult ministry of the Diocese of Fort Worth which may include recruitment and fundraising efforts.

Signature _____ Date _____