St. Vincent Youth Ministry Liability Form (Adult)

	ent: March for Life 2018		
Event I	ent Date: Jan. 17 th evening – Jan 21 st afternoon		
Due: Oct. 5 th 4pm Cost: \$275 total, \$50 non-refundable deposit due on Oct. 5 th . Remainder due Dec. 11 th			
	Take my \$50 deposit from my SV Youth Ministry account		
	Take my \$50 deposit from my VMY account		
<u>If :</u>	If you have already completed a St. Vincent Youth Ministry liability form this	calendar year, only the signatures are required	
Adult 1	ult Basic Information		
	rst Name Last Name		
Addres	lress		
City	State State Cell Cell	Zip Code	
Home 1	ne Number Cell	Texting? (Circle One): Yes or No	
Date of	e of Birth		
		VI	
Sex (C	(Circle One): Male – Female Shirt Size (Circle One): S – M – L	-XL - 2XL - 3XL - 4XL (unisex shirt)	
E-Mail	Mail		
Preferr	ferred Roommate(s) (4-5ppl per room)		
I would	ould like to buy out asingle roomdouble roomtriple roor	n	
Medical Information			
	hysician Phone Number		
	ergies		
	cial Needs		
Please	ase carry a copy of your insurance card with you!		
Emera	ergency Contact Information		
	ne		
Relatio	ationship		
Home 1	me Number		
Cell			
	•————		
Agreer	reements:		
1.	1. I recognize that there are risks inherent in participation in any	activity and agree to hold the St. Vincent	
	Youth Ministry, its affiliates, and its and their employees, volu	inteers, and agents, harmless from any	
	personal injury or damage to or loss of personal property not c		
	St. Vincent Youth Ministry, its affiliates and its and their empl		
2.	In the case of a medical emergency, I understand that every effort will be made to contact my emergency		
	contact, but in the event that they cannot be reached, I hereby		
	and treated in accordance with standard medical practice by lic		
3.	3. I hereby give permission to St. Vincent Youth Ministry to use		
	me in print on their website for promotional purposes.		
Particip	ticipant's Signature:	Date:	
-			