

St. Vincent Youth Ministry Liability Form (Adult)

Event: Center for Life Banquet

Event Date: 4/25/19

Due: 4/23/19

Time: 4:15pm-10:00pm

If you have already completed a St. Vincent Youth Ministry liability form this calendar year, only the signatures are required

Adult Basic Information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Number _____ Cell _____ Texting? (Circle One): Yes or No

Date of Birth _____

Sex (Circle One): Male – Female **Shirt Size** (Circle One): S – M – L – XL – 2XL – 3XL – 4XL (unisex shirt)

E-Mail _____

Medical Information

Physician _____ Phone Number _____

Allergies _____

Special Needs _____

Please carry a copy of your insurance card with you!

Emergency Contact Information

Name _____

Relationship _____

Home Number _____

Cell _____

Agreements:

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, volunteers, and agents, harmless from any personal injury or damage to or loss of personal property not caused by the negligence or misconduct of the St. Vincent Youth Ministry, its affiliates and its and their employees, volunteers, and agents.
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 give permission to be evaluated, diagnosed, and treated in accordance with standard medical practice by licensed medical personnel.
3. I hereby give permission to St. Vincent Youth Ministry to use any photographs or video footage taken of me in print on their website for promotional purposes.

Participant's Signature: _____ Date: _____