

MEDICAL/LIABILITY RELEASE FORM: TEEN PARTICIPANT

Event **Steubenville San Diego 2018 Conference**

Group Leader _____ Group (Parish/School) Name _____

Participant's First Name _____ Last Name: _____ M/F _____

Home Address _____ City _____ State _____ Zip _____

Date of Birth _____ Grade in Fall 2018 _____ Year of Graduation _____ Future College Major _____

Teen's Email _____

Female Parent/Guardian: First Name: _____ Last Name _____

Female Parent Cell Phone (____) _____ Home Phone (____) _____

Male Parent/Guardian: First Name: _____ Last Name _____

Male Parent Cell Phone (____) _____ Home Phone (____) _____

Parent/Guardian's Email _____

PARTICIPATION and RELEASE/ WAIVER OF LIABILITY and INDEMNITY AGREEMENT

- I give permission to the above named Participant ("my child") to attend Steubenville San Diego at the University of San Diego. I understand housing is in the dorms at University of San Diego and/or at San Diego State University and/or at University of California San Diego.
- My child and I have read and understood the expectations and guidelines as detailed on form SSC-5 for this event and will cooperate with these rules and any other rules published and distributed to us in advance of the Conference. I understand that failure to comply may result in immediate dismissal of my child, with transportation home at my expense.

As parent or legal guardian, I am aware that the child for whom I am responsible, the "Participant" named above ("my child"), may, in the course of attending this Conference utilize athletic facilities at University of San Diego ("USD"), University of California San Diego ("UCSD"), and/or the San Diego State University ("SDSU") and participate in athletic activities made available to Conference participants (including but not limited to swimming, diving or wall climbing). I recognize that my child is voluntarily engaging in such activity, and is in no way required to do so in order to attend the Conference.

In consideration for allowing my child to participate in this Conference, and to partake in such athletic activities, and to use such facilities or equipment, I, on behalf of myself, my assignees, my child, and our heirs, executor/administrator or legal representatives, hereby agree to release All For God, Totus Pro Deo, Franciscan University of Steubenville ("FUS"), SDSU, UCSD, USD, and their officers, directors, employees, agents, regents, trustees, volunteers and representatives (together "The Released Parties") from any and all claims, loss, liabilities, actions, damages, costs or demands that we now or hereafter may have for any injury, loss or damage of any sort resulting in any fashion from my child's attendance at or participation in this Conference.

I further hereby assume full responsibility for and risk of bodily or other injury, death or property damage due to the negligence or conduct of the Released Parties or others while my child is attending the Conference and/or while he/she is using the Conference premises or any facilities or equipment during the Conference, or undertaking any of the activities discussed above.

The undersigned further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I also agree to indemnify and save and hold harmless the Released Parties and each of them from any and all claims, loss, liability, damage, cost or demands they may incur due to the presence of my child at the Conference or his/her participation at any athletic activities in conjunction with it, whether caused by the negligence of the Released Parties or otherwise. I agree to remain responsible and liable for my child's actions and conduct at this Conference.

If my child has a medical or other emergency I authorize the Totus Pro Deo – All for God team to contact a priest from our parish for assistance. I understand and grant permission, unless noted below, that as a result of attending this Conference, from time to time FUS and/or Totus Pro Deo may contact the participant through email. (optional: please do not contact my child _____) I hereby grant permission to Totus Pro Deo and FUS the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of FUS and/ or Totus Pro Deo.

Parent Signature: _____ **Date:** _____

MEDICAL HISTORY PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES

Allergies: _____

Current Medications: _____

Medical History: _____

FIRST AID and EMERGENCY MEDICAL TREATMENT

- I understand that Totus Pro Deo will usually have a first aid area staffed by volunteer personnel during weekend Conference event times in the Jenny Craig Pavilion. I authorize that staff to provide first-aid or medical care as deemed necessary or appropriate.
- I hereby give permission to the representatives of Totus Pro Deo, All For God, the Jenny Craig Pavilion, SDSU, UCSD, USD, FUS, their officers, directors, agents, employees, volunteers and representatives associated with this event and the event staff to transport my child to a hospital to receive emergency medical or surgical treatment.
- I relieve Totus Pro Deo, All For God, the Jenny Craig Pavilion, SDSU, USD, UCSD, FUS, their officers, directors, agents, employees, volunteers and representatives associated with this event and the event staff of all responsibility and consequences that may arise as a result of any such first-aid or medical treatment. I will not hold any of the above named parties liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of medical treatment.

AUTHORIZATION FOR NON PRESCRIPTION MEDICATION

I hereby grant permission for Conference staff and/or volunteers to give nonprescription medication (such as aspirin, throat lozenges, cough drops, etc) to my child, if deemed advisable.

Parent Signature: _____ **Date:** _____

Option to Opt-Out By checking this box I state that I do not want my child to be given non-prescription medication by the Conference staff and/or volunteers.