

Family Last Name \_\_\_\_\_

Today's Date \_\_\_\_\_

**CPLC UD – ADULT – BOOT CAMP PERMISSION SLIP AND RELEASE FORM**

Name \_\_\_\_\_ Email: \_\_\_\_\_

DOB \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Phone \_\_\_\_\_

Pertinent Medical Information (including all drug allergies, chronic conditions, current medications, other):  
\_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE CONTACT ONE OF THE FOLLOWING PERSONS:**

Emergency Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

**CONSENT TO TREAT:** I, \_\_\_\_\_, do hereby authorize Catholic Pro-Life Committee of North Texas, Inc. leaders, servants, employees, officers and adult volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective for up to one year from the date of completion of this form, unless sooner revoked in writing and delivered to said agent(s).

**RELEASE OF LIABILITY:** I, \_\_\_\_\_, hold free and harmless, assume liability for, and defend Catholic Pro-Life Committee of North Texas, Inc., the University of Dallas and the Diocese of Dallas and their respective agents, servants, employees, officers, and directors from any and all costs and expenses including, but not limited to, medical fees attorney's fees, discovery costs, court costs, and all other sums associated with any claim or action founded thereon, including those arising or alleged to have arisen out of treatment of aforementioned person. We also release Catholic Pro-Life Committee of North Texas, Inc., the University of Dallas and the Catholic Diocese of Dallas, and their respective agents, servants, employees, officers, and directors of any liability incurred due to use of real or personal property belonging to Catholic Pro-Life Committee of North Texas, Inc., the University of Dallas, or their respective agents employees, or volunteers.

**MEDIA RELEASE:** I (we) grant Catholic Pro-Life Committee of North Texas, Inc. all right, title, and interest in any and all photographic images and video or audio recordings made by the Catholic Pro-Life Committee of North Texas, Inc., its staff, agents or volunteers during the adult volunteer's activities with Catholic Pro-Life Committee of North Texas, Inc., including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Signature \_\_\_\_\_ Date \_\_\_\_\_