

Family Last Name _____

Today's Date _____

CPLC 2020 BOOT CAMP – ADULT EMERGENCY CONTACT 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 _____

ASSUMPTION OF RISK AND RELEASE OF LIABILITY:

I, _____ understand and agree to the following:

I recognize the inherent risk associated with serving as an adult volunteer at the Catholic Pro-Life Community's Pro-Life Boot Camp (the "activity"). I understand my participation in the activity may involve, but is not limited to, the following: leading small group activities, supervising participating youth, and enforcing camp rules and safety precautions.

I understand my participation in the activity may expose me to health hazards, including but not limited to exposure to the Coronavirus / COVID-19. I acknowledge the contagious nature of COVID-19 and the risk that I may be exposed to and infected by COVID-19 by participating in the activity.

I voluntarily agree to assume all of the foregoing risks and to accept sole responsibility for any injury to myself. I further accept the sole responsibility to socially distance myself from other persons, wear protective clothing and gear (e.g. face mask and/or gloves), as appropriate during the activity.

I hold free and harmless, assume liability for, covenant not to sue and defend CPLC, the Diocese of Dallas, Knights of Columbus and Springlake Event Center and their respective agents, servants, employees, volunteers, officers, and directors from any and all illness, damage, loss, claim, liability, 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 my participation in the activity or any associated travel or resulting medical treatment. I also release CPLC, the Diocese of Dallas, Knights of Columbus and Springlake Event Center, and their respective agents, servants, employees, volunteers, officers, and directors of any liability incurred due to use of real or personal property belonging to the CPLC or Springlake Event Center, their agents, employees, or volunteers.

CONSENT TO TREAT:

I, _____, do hereby authorize the CPLC’s 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).

MEDIA RELEASE:

I grant the CPLC all right, title, and interest in any and all photographic images and video or audio recordings (collectively “media”) of aforementioned minor made by the CPLC, its employees, agents or volunteers during activities with the CPLC, including, but not limited to, any royalties, proceeds, or other benefits derived from such media. CPLC may use the media for any purpose, including communicating and promoting its mission, ministry and events in print and digital materials and on websites and social media platforms.

Signature _____ Date _____