

**MEDICAL/LIABILITY RELEASE FORM: ADULT PARTICIPANT**  
 (One form must be completed for each person attending who is 18 & older)

Event: Steubenville San Diego 2018 Conference      Group Name: (Parish/School): \_\_\_\_\_

Participant's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M/F: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

Number of Steubenville Youth Conferences have you previously attended # \_\_\_\_\_

In event of emergency please contact the following person and notify them of the nature of my emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

**PARTICIPATION WAIVER / RELEASE OF LIABILITY / INDEMNITY AGREEMENT / CONSENT TO USE OF IMAGE and MEDICAL TREATMENT**

I agree to abide by all the rules and regulations as set forth by Totus Pro Deo, All For God, Franciscan University of Steubenville ("FUS"), University of San Diego ("USD"), University of California San Diego ("UCSD"), and/or San Diego State University ("SDSU") and their officers, directors, employees, agents, volunteers and representatives associated with this event and the event staff. I may, in the course of attending this Conference, utilize athletic facilities at USD, UCSD or SDSU and participate in athletic activities made available to Conference participants (including but not limited to swimming, diving or wall climbing). I recognize that I am voluntarily engaging in such activity, and I am in no way required to do so in order to attend the Conference.

In consideration for allowing me 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, and our heirs, executor/administrator or legal representatives, hereby agree to release All For God, Totus Pro Deo, FUS, USD, The Regents of the University of California ("Regents"), and their officers, directors, trustees, employees, agents, 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 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 attending the Conference and/or while 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, actions, damage, costs or demands they may incur due to my presence at the Conference or my attendance or participation at this Conference or any athletic or other 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 actions and conduct at this Conference.

**IN ADDITION, I ATTEST THAT I HAVE NEVER BEEN CONVICTED OF A FELONY.**

**I AGREE TO ABIDE BY THE POLICIES OF MY DIOCESE REGARDING WORKING WITH MINOR CHILDREN.**

I hereby grant permission to Totus Pro Deo, All for God, and FUS the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of me, without compensation or approval rights, for use in electronic and printed materials created for purposes of promoting the activities of Totus Pro Deo, All for God and/or FUS.

**MEDICAL HISTORY**      (Please have your medical insurance card with you)

Allergies: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Medical History: \_\_\_\_\_

**FIRST AID OR EMERGENCY MEDICAL TREATMENT**

- I understand that Totus Pro Deo will usually have a first aid area staffed by volunteer personnel during 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 Diocese of San Diego, USD, Regents, UCSD, SDSU, FUS, their officers, directors, agents, volunteers and representatives associated with this event and the event staff to transport me to a hospital to receive emergency medical or surgical treatment.
- I relieve Totus Pro Deo, All for God, USD, FUS, UCSD, SDSU their officers, directors, agents, 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_