



DIOCESE of
LA CROSSE

Office use only:

Date Received: _____

Expiration: _____

Annual Adult Participant Health and Medical Form

Please fill out this form for anyone who is age 18 (out of high school) and older.

NAME OF PARTICIPANT (First, Middle, Last):	PARISH/SCHOOL
ADDRESS:	CITY, STATE, ZIP:
EMAIL:	PHONE #:
DATE OF BIRTH:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

In case of emergency, contact:

EMERGENCY CONTACT NAME:	BEST PHONE #:
PHYSICIAN'S NAME:	PHONE:
NAME OF MEDICAL INSURANCE:	POLICY #:



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment at my expense. In the event of an emergency, please contact the emergency contact listed above.

PARTICIPANT INITIALS:	DATE:
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Does the participant have any dietary restrictions/considerations? YES NO

Please Explain:

Allergies (Please check all that apply): Pollens Medications Insect bites Food

Please note specifics: _____

Treatment History (Please check all that apply)

Asthma Diabetes Epilepsy/seizure Disorder Frequently Upset Stomach Heart Trouble

Physical Handicap Depression Emotional/Mental Disorder Other/Further Details: _____

Operations, serious injuries, or major illnesses in the past year: _____

Dates: _____

PERMISSION TO USE PARTICIPANT PHOTOS

You have my permission to use photos for commercial purposes (ex: advertising this event in flyers, on the web, etc.).

PARTICIPANT INITIALS:	DATE:
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CODE OF CONDUCT

Each participant is expected to comply with the following rules of conduct:

No possession or use of alcohol, drugs, tobacco, vaping, or pornography; No fighting, weapons, fireworks, lighters, or explosives; No offensive or immodest clothing; Participation with the group is expected; Respect property; Respect one another, staff, and leaders; Respect and comply with schedules and with any other specific event rules established by leaders.

I have read the rules of conduct, the above evaluation of my health, and permission to participate in parish/diocesan activities. I agree to abide by the stated personal limitations and code of conduct.	
PARTICIPANT INITIALS:	DATE:

STATEMENT OF TRUTH AND ACCURACY

I hereby certify that all of these statements are true and accurate to the best of my knowledge.	
PARTICIPANT INITIALS:	DATE:
PARTICIPANT SIGNATURE:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

NOVEL CORONAVIRUS ACKNOWLEDGEMENT & WAIVER

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

In consideration for being permitted to participate in Diocesan/Parish/School Activities/Events, the undersigned, on behalf of himself/herself and on behalf of any participating children, hereby agree that I have read, understand, and consent to each of the following:

1. Exposure Restrictions: Neither the undersigned, nor any registered participant child(ren) shall visit or utilize, any Diocesan/Parish/School Activities, within 14 days after (1) returning from outside the United States, any cruise, or any domestic location that has been identified as a viral hotbed by the La Crosse County Department of Health, (2) exposure to any person returning from outside the United States, any cruise, or any domestic location that has been identified as a viral hotbed by the La Crosse County Department of Health, or (3) exposure to any person who has a suspected or confirmed case of COVID-19.
2. Symptomology Restrictions: Neither the undersigned nor any registered participant child(ren) shall visit or utilize any Diocesan/Parish/School Activities, within 14 days of the undersigned or any registered participant either (1) experiencing symptoms of COVID-19, including, without limitation, fever, cough, shortness of breath, and excessive fatigue, or (2) having a suspected or diagnosed/confirmed case of COVID-19.
3. Safety Restriction: The undersigned, individually and on behalf of any registered participants, agrees to comply with measures that the Diocese/Parish/School may require to best protect against the introduction of and/or spread of viruses at and among the participants of the events of Diocese/Parish/School, including, but not limited to, disinfection, hygiene practices and temperature screening, related to myself and/or my child(ren), which practices may be revised at any time based on recommended guidance and protocols issued by public health agencies.
4. I agree to notify my parish leader immediately if any of the foregoing exposure or symptomology restrictions (see 1-2, above) may potentially apply.
5. I understand that any violation of the exposure, symptomology or safety restrictions imposed by the Diocese/Parish/School (see 1-3, above), including the obligation to immediately notify my parish leader of a potential restriction (see 4, above), may result in the removal of my child(ren) from the Diocesan/Parish/School program for a duration to be determined by, and within the discretion of, the Diocesan/Parish/School administration.

I have been advised that social distancing recommendations both among minors and with caregivers/chaperones in a childcare and/or safety setting is not possible, and that as a result, my child/children's attendance at Diocesan/Parish/School Activities/Events could increase my/his/her risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by participating in Diocesan/Parish/School Activities/Events and that such exposure or infection may result in quarantine requirements, personal injury, illness, permanent disability, and death, despite the reasonable efforts of the Diocese/Parish/School to mitigate the dangers of COVID-19. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection visiting or utilizing the Diocesan/Parish/School Activities/Events ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the Parish/School, the Diocese of La Crosse, its employees, agents, and representatives, as well as Most Reverend William Patrick Callahan (collectively the "Released Parties"), from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Released Parties, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in Diocesan/Parish/School Activities/Events.

I understand that the foregoing restrictions specifically address concerns of COVID-19. Standard parish, school, and Diocesan policies and procedures will continue to apply and be implemented throughout the program.

PARTICIPANT INITIALS:	DATE:
PARTICIPANT SIGNATURE:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.



DIOCESE of
LA CROSSE

Adult Participant Event Release Form

Please fill out this form for anyone who is age 18 (out of high school) and older.

PARTICIPANT'S NAME (First, Middle, Last):	DATE OF BIRTH:
PARISH/SCHOOL:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

Activity/Event Information

NAME OF ACTIVITY/EVENT:	DATE(S) OF ACTIVITY/EVENT:
DESIGNATED LEADER:	DESIGNATED LEADER'S TITLE/POSITION:
DESTINATION OF ACTIVITY/EVENT:	
MODE OF TRANSPORTATION TO AND FROM ACTIVITY/EVENT:	
DEPARTURE DATE/TIME:	RETURN DATE/TIME:

Hold Harmless/Liability Waiver

The above named Participant agrees to defend, protect, indemnify and hold harmless the above named Parish/School, The Diocese of La Crosse, and its Bishop against and from all claims arising from the negligence or fault of the above named Participant or any of their agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above named Activity/Event at the above named Destination.

Additionally, the above named Participant agrees to protect, defend, hold harmless and fully indemnify the above named Parish/School, The Diocese of La Crosse, and its Bishop for any claim or cause of action whatsoever arising out of the above mentioned Activity/Event which takes place during the above identified Dates of Activity/Event that is brought against the Parish/School, The Diocese of La Crosse, and its Bishop by the above named Participant or their family members whether such claim arises from the alleged negligence of the Parish/School, The Diocese of La Crosse, and its Bishop, its employees or agents or Participant's negligence. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

PARTICIPANT INITIALS:	DATE:
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Statement of Truth and Accuracy:

I acknowledge that I have previously completed the "Adult Medical Release Form," providing medical information, permissions, authorizations and releases. I have listed below any additions and/or corrections to the information provided on that form. Subject to any changes, I hereby reaffirm any and all such disclosures, permissions, authorizations and releases as though stated herein.

Medical Release Form Additions/Corrections (as applicable).

PARTICIPANT INITIALS:	DATE:
PARTICIPANT SIGNATURE:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

Immunization History (Please give dates)

Name _____

Required for Casa Hogar:

Tetanus _____

DPT..... _____

Polio Series _____

Hep B _____

MMR _____

DPT Booster.... _____

Polio Booster... _____

Suggested for Peru:

Typhoid..... _____

Hep A _____

Provide dates, if completed:

Covid # 1..... _____

Covid # 2..... _____

Covid Booster..... _____

Other, if any _____
