Father Joseph Walijewski Legacy Guild

EVENT RELEASE & MEDICAL FORM FOR ADULT

Adult Participant Event Release and Medical Form
Please fill out this form for anyone who is age 18 (out of high school) and older.

CONTACT INFORMATION

PARTICIPANT: _____ **DATE OF BIRTH:** _____ ☐ **MALE** ☐ **FEMALE**

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

MOBILE PHONE: _____ **HOME PHONE:** _____

EMAIL: _____

IN CASE OF EMERGENCY, CONTACT:

EMERGENCY CONTACT: _____ **RELATIONSHIP:** _____

MOBILE PHONE: _____ **HOME PHONE:** _____

MEDICAL CONTACT INFORMATION

HOSPITAL/CLINIC: _____

PHYSICIAN: _____ **PHONE:** _____

MEDICAL INSURANCE COMPANY: _____ **POLICY #:** _____

EVENT INFORMATION

EVENT: _____

EVENT DATE: _____ **EVENT TIME:** _____

EVENT LOCATION: _____

ESTIMATED DATE/TIME OF DEPARTURE: _____

ESTIMATED DATE/TIME OF RETURN: _____

INDIVIDUAL IN CHARGE: _____

MODE OF TRANSPORTATION TO AND FROM EVENT: _____

PERMISSION TO USE PARTICIPANT PHOTOS

You have my permission to use said photos for commercial purposes (ex. flyers, on the web, etc.)

SIGNATURE: _____ **DATE:** _____

CODE OF CONDUCT

Each PARTICIPANT is expected to comply with the following rules of conduct, in addition to any additional rules or code of conduct in place by the Father Joseph Walijewski Legacy Guild:

- 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 other specific rules established by leaders.

SIGNATURE: _____ **DATE:** _____

HOLD HARMLESS/LIABILITY WAIVER

I, the above named "PARTICIPANT" agree on behalf of myself, my heirs, successors, and assigns, to hold harmless and defend the Father Joseph Walijewski Legacy Guild, its officers, directors, employees, chaperones, and agents, and the Diocese of La Crosse, its officers, directors, employees, chaperones, and agents from any claim arising from or in connection with PARTICIPANT's attendance, enrollment or participation in any program, school, activity or event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith.

Additionally, the above named PARTICIPANT agrees to protect, defend, hold harmless and fully indemnify the Father Joseph Walijewski Legacy Guild, its officers, directors, employees, chaperones, and agents and the Diocese of La Crosse, its officers, directors, employees, chaperones, and agents for any claim or cause of action whatsoever arising out of the above mentioned PARTICIPANT's attendance, enrollment, or participation in any program, parish/school, activity or event that is brought against the Father Joseph Walijewski Legacy Guild, its officers, directors, employees, chaperones, and agents, and the Diocese of La Crosse, its officers, directors, employees, chaperones, and agents by the above named PARTICIPANT , my heirs, successors, and assigns whether such claim arises from the alleged negligence of the Father Joseph Walijewski Legacy Guild, its officers, directors, employees, chaperones, and agents, and the Diocese of La Crosse, its officers, directors, employees, chaperones, and agents 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.

SIGNATURE: _____ **DATE:** _____

STATEMENT OF TRUTH AND ACCURACY

I have read the rules of conduct, and permission to participate in the Father Joseph Walijewski Legacy Guild activities. I agree to abide by the personal limitations and code of conduct. I hereby certify that all of these statements are true and accurate to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

MEDICAL HISTORY/INFORMATION

Emergency 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 above listed EMERGENCY CONTACT.

☐ **Yes** ☐ **No**

SIGNATURE: _____ **DATE:** _____

Does the PARTICIPANT have any dietary restrictions/considerations?

☐ **Yes** ☐ **No**

If the PARTICIPANT has a medically prescribed diet, please list the details below:

_____

ALLERGIES: (Please check all that apply): ☐ **Pollen** ☐ **Medications** ☐ **Insect Bites** ☐ **Food**

Please specify: _____

Treatment History: (Please check all that apply)

☐ Asthma ☐ Diabetes ☐ Epilepsy/Seizure Disorder ☐ Frequent upset stomach ☐ Heart Trouble

☐ Physical Handicap ☐ Depression Emotional/Mental Disorder ☐ Other

Details: _____

_____

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

_____ Dates: _____

STATEMENT OF TRUTH AND ACCURACY

I hereby certify that all of these statements are true and accurate to the best of my knowledge and agree to participate in the Father Joseph Walijewski Legacy Guild activities.

SIGNATURE: _____ **DATE:** _____

IMMUNIZATION RECORD HOLD HARMLESS/INDEMNIFICATION FORM

Participant Name: _____ hereby known as "Participant"

STANDARD IMMUNIZATIONS:

Tetanus	_____/_____/_____	MMR	_____/_____/_____
DPT	_____/_____/_____	DPT Booster	_____/_____/_____
Polio Series	_____/_____/_____	Polio Booster	_____/_____/_____
Hep B	_____/_____/_____		

COVID-19 IMMUNIZATIONS:

Covid # 1 _____/_____/_____

Covid # 2 _____/_____/_____

Covid Booster _____/_____/_____

SUGGESTED IMMUNIZATIONS FOR PERU

Typhoid _____/_____/_____

Hep A _____/_____/_____

IMMUNIZATION EXEMPTION STATUS STATEMENT

Participant is exempt from the requirements to receive vaccinations, based on:

☐ Medical Exemption

☐ Religious Exemption

☐ Personal Conviction Exemption

CONSENT AND LIABILITY

I acknowledge that other diseases for which there are not immunizations currently available are commonly present and readily transmittable in Peru, and other international locations, which diseases include but are not limited to: Zika, Oropouche, Guillain-Barré syndrome, Leishmaniasis, etc.

I understand that by not having the vaccinations listed above, or the absence of vaccinations available, to the Participant, may result in increased risk of transmissibility of disease or illness and therefore increased risks of infection, illness, and potentially, of death, to the Participant, the risk of development of serious complications, and the transmission of illness to third parties. I understand the risks associated with electing to participate in the activities while not having vaccinations against recommended illness, and I understand that doing so puts the Participant at risk for contracting an illness and/or spreading an illness to another individual and may result in health complications and death for another person.

I understand and agree on behalf of Participant, or our heirs, successors, and assigns, to hold harmless and to defend the Father Joseph Walijewski Legacy Guild, its officers, directors, employees, chaperones, and agents from any claim arising from any infection, illness, or injury, including death, or the cost of medical treatment in connection therewith that arises from Participant's attendance in the Casa Hogar Mission trip.

I understand and agree that in the sole discretion of The Father Joseph Walijewski Legacy Guild, the participant, may be excluded from participation in the above-described activities.

If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

Name (printed): _____

Signature: _____ Date: _____

Relationship to Participant: _____