

ST. HELEN VACATION BIBLE SCHOOL June 10-14, 2024

Volunteer - MEDICAL CONSENT FORM & LIABILITY WAIVER

Volunteer's Name _____

Date of Birth _____

Medical Matters

I hereby warrant to the best of my knowledge, I am in good health, and I assume all responsibility for my health.

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.

In the event of an emergency you may contact:

Name & Relationship: _____ Phone: (____) _____

Family Doctor: _____ Phone: (____) _____

Insurance Information:

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

Spouse's Name: _____ Phone: (____) _____

Signature

Date

CONSENT & LIABILITY WAIVER

Important To be filled out by all Volunteers.

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
(If participant is 18 years of age or older, consent must be signed by the individual)**

I agree on behalf of myself, _____, my name herein, or my heirs, successors, and assigns and defend the Archdiocese of Galveston-Houston, the sponsoring parish (its pastor, youth ministry leader, principal, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless and negligent.

_____ VIDEO/PHOTOGRAPHY CONSENT

As volunteer, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my picture to be used for promotional materials (newsletter, web page, calendars, power point, video, etc.) in highlighting the event.

Signature

Date

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.