# Diocese of Springfield

**This form should be completed by Adult Participant**
**RELEASE AND INDEMNIFICATION AGREEMENT**

I _____ irrevocably release from all liability to the fullest extent permitted by the law, and hereby agree to indemnify, defend and hold harmless the Roman Catholic Bishop of Springfield, a corporation sole, its officers, agents, representatives, volunteers, chaperones, clergy, religious and employees including any and all parishes and ministries thereof, from and against any and all liability, demands, actions, causes of action, claims, judgments, cost and expense, including but not limited to attorneys' fees, known or unknown at this time, arising out of or in any way related to any injury, illness, loss or other damage to person or property incurred: (a) by myself while participating in or traveling to or from, or in any way arising out of, the following event or activity:

_____

**(EVENT NAME at VENUE NAME, CITY/TOWN, STATE on DATE)**

and/or (b) by any other person sustaining or alleged to have sustained any injury, illness, loss or expense, including attorneys' fees, by reason of my negligent or wrongful act or omission.

I agree to cooperate with and follow the rules of the event or activity referenced above and any instructions of the Diocese of Springfield. In the event that I do not cooperate with or follow the instructions of the Diocese of Springfield, I agree that I shall withdraw from the event or activity referenced above and that I shall, at my sole cost and expense, arrange for the immediate transportation from the event or activity referenced above to my home, if so requested by the Diocese of Springfield.

**MEDICAL AUTHORIZATION**

I appoint the Diocese of Springfield or its agents as my lawful attorney-in-fact, to act for me in my name and stead and on my behalf, if I am unable to do so, in the reasonable and sole judgment of the Diocese of Springfield be expected to act if I were able, with respect to any injury, illness or medical emergency occurs during the activity.

If needed, I authorize the Diocese of Springfield or its agents to give any and all consents and authorizations to any physician, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other first aid and/or emergency actions as our attorney-in-fact shall deem necessary or appropriate for my best interest. I understand that the Diocese of Springfield through its agents will make a reasonable attempt to contact my emergency contact soon as reasonably possible in the event of medical emergency.

The release/indemnification/defense provisions above shall apply to any such decision or action.

The powers and authority granted herein may be revoked prospectively by written notice delivered in-hand to the Diocese of Springfield, provided that in such notice I confirm that I am immediately assuming full responsibility for all decisions and actions as to my welfare and health. Absent receipt of such written notice this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetence.

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This power of attorney shall lapse automatically upon completion of the activity listed above that I am participating in or attending and related activities, and travel if any, and my return. Any revocation of such powers and authority shall not affect any other provision of this Release and Indemnification Agreement, each of which shall continue in full force and effect.

I understand and agree that the Diocese of Springfield is not and shall not be responsible for assuring that I take any medication, prescription or otherwise, which may be indicated for me. There are no medical or psychological conditions, nor any life-threatening allergies to foods or medicines, that would limit my full participation in the activity or require any special precautions except as I list here:

List any current medications and dosage (prescription and over-the-counter) that the Diocese of Springfield might need to know about should an emergency arise here:

If any change occurs in the information which I have provided with respect to emergency contacts or medical information I shall provide immediate written notification of such change to the Diocese of Springfield.

As evidenced by my signature below, the Diocese of Springfield and/or an agent thereof may use my portrait or photograph for promotional purposes related to the advancement and development of the ministry of the Roman Catholic Church and the Diocese of Springfield, and I hereby release, indemnify and agree to defend under the provisions above the Diocese of Springfield and its agents from any and all liability, loss, damage and expense, including attorneys' fees, resulting from such use.

**By signing below, I verify that I have carefully read and understand this statement and that I am signing it freely and voluntarily in consideration of the Diocese of Springfield's agreement to allow me to participate in this voluntary activity, trip or event, and as an inducement to the Diocese of Springfield to permit such participation, without which it would not do so. I request that I be allowed to participate in the above-referenced activity, trip or event.**

Signature of Adult Participant: _____ Date _____

# Diocese of Springfield

**PLEASE FILL IN THE FOLLOWING INFORMATION**

Name of person signing this form: _____

Date of Birth: ____/_____/_____

Street Address: _____ City: _____ State:_____ Zip:_____

Work Phone: _____ Home Phone: _____ Cell: _____

**Emergency Contact Information**

Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____ Cell: _____

Family Doctor Name: _____ Phone: _____

Health Insurance Provider: _____

Membership Number: _____

Name of Parish/School & Town: _____

_____

Special Needs or Considerations/Other Comments: _____