

# Consent to Participate in Activity, Emergency Medical Information and Release

**Participant:** \_\_\_\_\_ (name)  
for Participant and Participant's heirs, executors, and administrators.

**Event:** DCYC 2024, Waco Convention Center, 100 Washington Ave. Waco, TX 76701 Jan 31-Feb 2, 2025

**Parish/School:** \_\_\_\_\_, located in  
\_\_\_\_\_ (city), Texas, a Texas non-profit corporation,  
including its faculty, employees, contractors, clergy, agents, facilitators, and volunteers

**Diocese:** The Catholic Diocese of Austin, a Texas non-profit corporation, including its employees, contractors, clergy, agents, facilitators, and volunteers

**Transportation Provider:** \_\_\_\_\_ (name)

- A. Participant acknowledges and agrees that:
- (1) *Participant* voluntarily seeks to participate in the *Event*;
  - (2) the *Event* may involve physical activity that involves risk of injury;
  - (3) *Participant* will abide by all policies and rules established for *Event* and instructions of those persons facilitating, organizing, or overseeing the *Event*;
  - (4) *Participant* is responsible for *Participant's* conduct during the *Event* and is responsible for any damages, claims, or other costs caused by *Participant* or incurred as a result *Participant's* conduct; and
  - (5) if *Participant's* conduct is inappropriate, unsafe, or detrimental to the *Event*, other participants or other persons, *Parish/School* or the *Diocese* may be terminate *Participant's* participation in the *Event* and future events.
- B. In the event of an emergency or a situation that is reasonably considered to be an emergency, *Participant* authorizes the *Parish/School* and the *Diocese* to seek and authorize emergency medical care to be given to *Participant* (for example, First Aid, medication, anesthesia, or surgery). The *Parish/School* will make reasonable attempts to notify persons listed as emergency contacts on this form prior to authorizing any such emergency care.
- C. *Participant* grants *Parish/School* and the *Diocese* permission:
- (1) to photograph and video tape *Participant* during the *Event*; and
  - (2) to use the photographs and video tapes in publications and promotions of the *Parish/School* and the *Diocese*, including but not limited to publications such as websites, newsletters, advertisements, scrapbooks, and yearbooks.
- D. **To the extent permitted by law, *Participant*, releases and agrees to indemnify and hold harmless the *Parish/School*, the *Diocese*, and the *Transportation Provider* from any and all liability, claims, demands, and costs which may arise as a result of *Participant's* participation in the *Event* or which is, in any way, related to such participation. This paragraph covers loss under any theory of loss (negligence or otherwise) including but not limited to personal injury or property damage. *Participant* assumes all risk of injury or loss for bodily injury or property damage.**

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

***(Over for Medical Information)***

***Please provide the following information.***

**EMERGENCY CONTACT AND INSURANCE INFORMATION**

In the event of an emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternatively, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

*Participant's* Insurance Carrier: \_\_\_\_\_

Phone: \_\_\_\_\_

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

\_\_\_\_\_

***Copy of insurance card must be attached.***

Date of last Tetanus Booster: \_\_\_\_\_

*Participant* has the following conditions (allergies, medical conditions, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Attach additional sheets if necessary.***

*Participant* is currently taking the following medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Attach copies of prescription and any instructions related to the medication,  
including the amount and timing of dosages.***

Special instructions or other information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office Notes: