

PARENT MEDICAL AND LIABILITY RELEASE STATEMENT CODE OF CONDUCT and PHOTO RELEASE

THE ROMAN CATHOLIC BISHOP OF SAN DIEGO – 3888 Paducah Drive, El Cajon, CA 92117 (858) 490-8200
CATHOLIC MUTUAL GROUP (858) 490-8285

St John the Evangelist 1638 Polk Ave San Diego CA 92103; 619-291-1660 (Parish Name, Address, and Phone)

EVENT INFORMATION

Event Faith Formation 2026-2027

Location: St John the Evangelist 92103

Phone: 619-291-1660

September 9, 2026 - May 23, 2027

Date & Time of Activity: _____ Cost: TBD

****Please check one:**

- Adult (18 and older)
 Youth (under 18)

(Please Print)

Participant's Name: _____ Date of Birth: _____

Parent's Name: _____

Phone #: _____ Cell or Work #: _____

Emergency Contact Name: _____ Phone #: _____

Family Physician: _____ Phone #: _____

Insurance Company: _____ Policy No: _____

Allergies/ Medical Problems/ Disabilities: _____

Is the participant taking any over the counter or prescriptions drugs? **Please list and print clearly.**
(Use another sheet if necessary.) _____

Please list any Allergies to medication or foods _____

I also understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this form, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/ order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by: Carol Gamara, 619-291-1660

(Coordinators Name & Phone #) and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. **I agree not to hold,**

Faith Formation/Youth Ministry & Mission Basilica San Diego de Alcalá (Location Name & Parish Name), **its leaders, employees and volunteers** liable for damages, losses, diseases, or injuries incurred by the subject of this form.

MEDICAL LIABILITY

CONDUCT

I understand that by signing this form I/my child agree(s) to cooperate and participate fully, that I/my child will show respect for the property visited, respect for neighbor, that I/my child will show respect for the law and practice safety skills at all times. By failing to meet this code of conduct, I/my child am/are aware that appropriate action may be taken and arrangements may be made for immediate removal from the event.

PHOTO

I hereby authorize the making of photographs, motion pictures, videotapes, voice recording, internet distribution or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.

By checking this box, I **DO NOT** authorize any photos, videotapes, voice recordings or internet distribution of my child.

PERMISSION

Parent/ Guardian Signature Required for minors under 18 _____ Date _____

Signature of Participant Required (Youth or Adult) _____ Date _____