

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

**DIOCESE OF SAN BERNARDINO** 1201 E. Highland Ave., San Bernardino, Ca 92404-4641 (909) 475-5300  
**CATHOLIC MUTUAL GROUP** 1201 E. Highland Ave., San Bernardino, CA 92404-3972 (909) 886-6001  
(Parish Name, Address, and Phone)

**EVENT INFORMATION**

**MEDICAL LIABILITY**

**CONDUCT**

**PHOTO**

**PERMISSION**

**Event** Youth Event - Ignite 2.0

**Location:** 18386 Corwin Rd, Apple Valley, CA 92307

**Phone:** 760.242.5819

**\*\*Please check one:**

Adult (18 and older)

Youth (under 18)

**Date & Time of Activity:** June 20, 2026 - 8 AM- 3 PM **Cost:** \$15.00

**(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: Our Lady of the Desert- staff

*(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,**

Our Lady of the Desert, 18386 Corwin Rd. Apple Valley, CA 92307 *(Location Name & Parish Name), its leaders, employees*

**and volunteers** liable for damages, losses, diseases, or injuries incurred by the subject of this form.

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.

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.

\_\_\_\_\_  
**Parent/ Guardian Signature Required** for minors under 18 Date

\_\_\_\_\_  
**Signature of Participant Required** (Youth or Adult) Date

Email: \_\_\_\_\_

Parish Church registered to or attend: \_\_\_\_\_