



Adult Consent Form & Liability Waiver

This form is to be completed by individuals 18 years of age and older (not in high school). For individuals 18 years of age or older and in high school, the Parental/Guardian Consent Form & Liability Waiver must be completed.

Applicant Information

Participant's Name & E-mail Address:			
Address:		City:	State:
Home Phone:		Cell Phone:	Work Phone:
Physician's Name:		Phone:	
Adult's E-mail Address:		Last 4 Digits of Social Security Number:	
Event & Location: RAINFOREST FALLS VBS; Ascension Catholic Church (2950 N. Harbor City Blvd.; Melbourne, FL 32935)		Date & Time: June 2026 (especially 17th, 18th & 22nd-26th) 7:45 am to 12:30 noon	
<input checked="" type="checkbox"/> Transportation Not Provided <input type="checkbox"/> Transportation Provided		Method of Transportation: Self-provided	

I hereby waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, (name of entity) **Ascension Catholic Church**, the Diocese of Orlando, and any of their religious, employees, staff, volunteers, agents and representatives from any liability, claim, loss, damage, cost or expense arising from my participation in this event. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

The following request is pertinent information is you are rendered unconscious

Date of Birth (including year):	Age:	Date of Last Tetanus shot:
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Please list **ALL** medical conditions/allergies/special health information:

Please list **ANY** medications (prescription or non-prescription) you would like us to be aware of:

Insurance Information

Do you have medical insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please provide the following information:
Insurance Company:		
Policy in the name of:		Policy Number:
Name of Emergency Contact:	Phone number:	Language Spoken by Emergency Contact:

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

Signature

Date

In signing the line above, I certify all the information on the trip form is complete and accurate, I also agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations for this event, I understand there will be consequences for my actions which could include my being asked to leave the event.



Image Release Form

(Photography and Image Assignment Waiver, and Release)

I _____,
for valuable consideration received, and for being allowed access to Diocesan property, activities, or events, expressly assign to **Ascension Catholic Church (RAINFOREST FALLS VBS 2026)** and the Diocese of Orlando, and to all of their current, former, and future agents and related entities (collectively, "the Diocese"), all rights, title and interest in, and to, the use of my and my child/ward's image or likeness, including, but not limited to all videotape recordings, photographs, or audio recordings of, or made by, me and/or my child/ward on Diocesan property, during a Diocesan-sponsored event, or for any other Diocesan purpose ("the Property"). The Diocese shall have, without my consent, the right to assign its rights in the Property, in whole or in part, to any entity, parish, or school within the Diocese of Orlando.

I hereby irrevocably grant the Diocese perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Diocesan publication, news release, or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purpose whatsoever, and I further waive all rights to any compensation for my and/or my child/ward's appearance or participation in the Property. I understand and have been advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Diocese. Participants' names would not be identified, however, without specific written consent. I further understand that the Diocese has no control over the use of photographs or film taken by media that may be covering the event in which my child(ren)/ward(s) participate(s).

I hereby waive any claims against and release the Diocese, its current, former, and future religious, employees, volunteers, agents, and successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child/ward may have against the Diocese in connection with the Property or the use of the Property.

This release shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to exhibit, distribute, or exploit the Property. I acknowledge that the Diocese cannot control all photographic access to its properties, and that my child/ward's name may be printed with photos/images in various publications, including non-Diocesan publications.

I represent that I am eighteen years of age or older, and that I have read and understand the terms of this Assignment, Waiver, and Release.

Signature

Date

Witness

If applicable, name(s) of minor children/wards:

_____ **Our family opts out of the photo waiver.**