

Diocese of St. Augustine Adult Consent Form & Liability
Waiver (This form is required for chaperones or adult participants to
attend an off property event or trip.)

To be completed by individuals age 18 or older and not in high school. For individuals 18 years of age or older and in high school, the Parental/Guardian Consent Form must be used.

Full Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____ Work Phone _____ - _____ - _____
Physician's Name _____ Phone _____ - _____ - _____
Email Address: _____ Last 4 Digits of Social Security Number: _____

Event & Location: Steubenville Florida Conference, Rosen Shingle Creek 9889 Universal Blvd., Orlando, FL 32819

Date & Time: Meet at CTK Parking lot Friday, July 19th 10:30AM, Return on Sunday, July 19th 2:00PM

☐ **Transportation Not Provided**

Drivers License # _____

☒ **Transportation Provided**

Method of Transportation: Rental Vans _____

I hereby waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, (name of entity)
Christ the King _____, the Diocese of St. Augustine, Bishop Felipe Estevez and any of their religious, employees, staff, volunteers,
agents and representatives from any liability, claim, loss, damage, cost or expense arising from their 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 if you are rendered unconscious)

Date of Birth (including year): _____ Age: _____

Date of last Tetanus shot: _____

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:

Do you have Medical Insurance? Y ☐ N ☐

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 agree to abide by any/all policies and rules established for this event. Should I not be able to maintain the guidelines and expectations for this event, I understand that there will be consequences for my actions, which could include my being asked to leave the event.



Diocese of Saint Augustine

Catholic Center
11625 Old St. Augustine Road
Jacksonville, Florida 32258
(904) 262-3200

Adult Photography Release Form

Without compensation, I hereby grant permission to the Catholic Diocese of Saint Augustine to use and reproduce photographs taken of me. These photographs may be used for news and editorial purposes in publications, electronic reproductions (websites and video) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of Saint Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

Name (Printed): _____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email: _____

Date: _____

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