

**\*\*Please return this completed form by Friday, January 1st\*\***

T-Shirt Size: S M L XL XXL XXXL

All Adult Volunteers must have completed the Protecting God's Children Class and have a fingerprint background screening.

For more info, contact Jill@ctkcatholic.com

**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:** Christ the King Three Kings Celebration: CTK and Jacksonville Ice & Sportsplex

**Date & Time:** Saturday, January 9, 2021, 3:30-8:30PM. Will depart CTK at 6:45 for Jax Ice.

☐ **Transportation Not Provided**

Drivers License # \_\_\_\_\_

☒ **Transportation Provided**

**Method of Transportation:** Chaperone vehicles

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 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

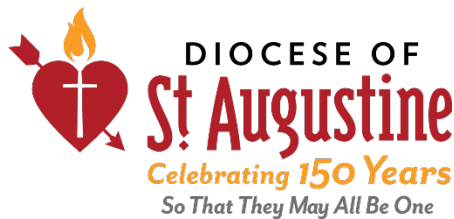
Language Spoken by Emergency Contact: \_\_\_\_\_

**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.**



## **Assumption of Risk and Waiver of Liability Relating to COVID-19**

The novel coronavirus (“COVID-19”) has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly through person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Christ the King has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you will not become infected with COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending programs offered by the parish and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the parish may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, coaches, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at any parish sponsored programming (“claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Christ the King and the Diocese of St. Augustine, and all of their current, former, and future agents, representatives, religious and employees and related entities (collectively, “the Diocese”) of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Diocese, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any parish program.

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*Signature of Parent/Guardian*

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*Date*

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*Print Name of Parent/Guardian*

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*Name of Student*



## **Diocese of St. 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 St. Augustine to use and reproduce photographs and/or video taken of me. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video, including livestream) 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 St. 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: \_\_\_\_\_