

**DIOCESE OF COVINGTON**  
**ADULT CONSENT LIABILITY AND MEDICAL FORM**

ADULT FORM B

<b>Event Information</b> – Completed by organizer		<b>Event Type:</b> <input type="checkbox"/> Retreat <input type="checkbox"/> Service <input type="checkbox"/> Social <input type="checkbox"/> Other _____	
Event Name _____		Date _____	Cost \$ _____
Location _____		Address _____	
If overnight, specify housing arrangements _____			
Starting Time _____		Meeting Place _____	
Ending Time _____		Meeting Place _____	
Event Supervisor _____		Phone(emergency) _____	
Event Organizer/Host (please name specific Parish/School/Diocese/Other) _____			
Transportation: <input type="checkbox"/> No Transportation <input type="checkbox"/> Commercial Bus <input type="checkbox"/> Drivers <b>Food Provided:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify: _____			
Additional Forms Required: <input type="checkbox"/> Code of Conduct <input type="checkbox"/> Photo Release <input type="checkbox"/> Other _____			
Other Information _____			

*This section to be completed by Adult participant. Complete and return additional forms as specified above.*

Name \_\_\_\_\_ Age:  18-20  21 + Sex \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Other information:  I am Virtus trained.  I am up to date on my Virtus compliance.  I have completed a Driver form.

I, \_\_\_\_\_, agree to participate in a youth ministry event as described above. This event will take place under the guidance and direction of diocesan or parish employees and volunteers. I agree on behalf of myself, my heirs, successors, and assigns to release, indemnify, and hold harmless the Parish, the Diocese of Covington, and their representatives from liability for any accident in which I may be involved or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents and the Diocese of Covington, chaperons, or representative associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Information:** (only for what we need to know for the event)

Allergies (ex., bee stings, nuts, etc.) \_\_\_\_\_

Medications (if applicable) \_\_\_\_\_

Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_

**Dietary Needs/ Restrictions:** (if food is provided) \_\_\_\_\_

**Special Needs:** (Be aware of these special physical, emotional, or spiritual needs of my child):  
\_\_\_\_\_  
\_\_\_\_\_