



****Please bring this form with you in order to workout****

ADULT LIABILITY WAIVER AND MEDICAL INFORMATION FORM

Please Print:

Name: _____

Email: _____

Address: _____
Street City Zip

_____ Day Phone (Including area code) Evening Phone (Including area code)

In case of an emergency, please notify _____
Print Name

_____ Day Phone (Including area code) Evening Phone (Including area code)

Allergic to medication/other? No _____ Yes _____

If yes, Please describe: _____

Physicians Phone Number: _____

I, _____, agree on behalf of myself, my heirs, assigns, next of kin, executors, and personal representatives, to hold harmless and defend Our Lady of Mercy (OLM), Aurora, IL , the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in any fitness workout sponsored by Our Lady of Mercy in Aurora, IL, today and on any future workout dates, either on church grounds or in the surrounding area. I also attest I am qualified, in good health and in proper physical condition to participate in the workout. I further agree and warrant that if at any time I believe conditions to be unsafe or my health at risk, I will immediately discontinue further participation in the fitness workout activity sponsored by OLM. I also know the risks involved in working out, and I assume the risk of social and economic losses, either not known to me or not readily foreseeable at this time, and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation in today's and any future workout sessions sponsored by OLM.

In the event that I should require medical treatment and I am not able to communicate my desires to attend physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered,

Signature _____ Date _____



*****IF YOU ARE BELOW 18 YRS OLD PLEASE HAVE GUARDIAN SIGN THIS AND BRING TO THE WORKOUT*****

GENERAL PERMISSION FORM

I request that my child, _____, be allowed to participate in OLM fitness workout events, located at Our Lady of Mercy (OLM), in Aurora, IL, and the surrounding area, today and on future days. I hereby release and indemnify my parish, OLM, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet website.

Code of Behavior

You are representing Youth Ministry in our diocese during this event and we expect you will represent us well. We expect that you will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Teen Signature: _____ Date _____

Parent Signature: _____ Date _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child, _____, by the people in charge of the OLM workout event, and those transporting my child to and from the event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Participant's Name: _____

Birth Date: _____

Parent's Name(s): _____

Parent's Phone #(s): _____

Allergic to medication/other? NO YES (circle one)

If YES, please describe:

Medication(s) presently taking: _____

If parent(s) can't be reached

In case of Emergency, contact _____

Phone #'s: _____