

**ADULT RELEASE AND CONSENT FORM**

Name \_\_\_\_\_

Parish \_\_\_\_\_ City \_\_\_\_\_

I, \_\_\_\_\_ relieve the parish of the Church of St. Clements, Our Lady of the Annunciation and the Youth Ministry Adult leadership personnel of Workcamp 2017 at Christ the King Spiritual Life Center 575 Burton Rd. Greenwich, NY on August 7(5pm)-11(6pm), 2017, of all responsibility and consequences that may arise as the result of any medical treatment I may require. This includes on the grounds at the Christ the King Spiritual Life Center, traveling to and from the worksites and at the worksites themselves. I will not hold St. Clements, OLA parish or the Youth Ministry Adult leadership responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

**MEDICAL INFORMATION**

Allergies? \_\_\_\_\_

Required medications (please indicate dosage, frequency, etc.) \_\_\_\_\_

Special medical conditions \_\_\_\_\_

Date of last tetanus booster \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

In case of emergency and I can't be reached please notify:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

Address w/zip \_\_\_\_\_

Phone number \_\_\_\_\_

I \_\_\_\_\_ confirm \_\_\_\_\_ has had VIRTUS training and the appropriate background check and are on file at the Parish.