

**Diocese of Fort Worth and/or Parish of St. Frances Cabrini  
Youth Ministry Release of Liability/ Medical Release and  
Promotional Release Form**

**Adult Participant's Name:** \_\_\_\_\_

**Parish:** \_\_\_\_\_ **Daytime Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Do you text?** \_\_\_\_\_

Have you gone through the Approved Diocese of Fort Worth Safe Environment Training Program?  
\_\_\_\_\_ If so, when \_\_\_\_\_ what parish \_\_\_\_\_

Have you read and signed the Code of Conduct and Standards of Behavior from the Diocese of Fort Worth and do you agree to follow the "Code" and "Standards." \_\_\_\_\_

Have you read and do you agree to follow the diocesan guidelines for on and off site youth ministry. \_\_\_\_\_

**I agree on behalf of myself, my heirs, successors, and assign to hold harmless the Diocese of Fort Worth, the parish of St. Frances Cabrini youth ministry program, their officers, directors, and agents from any liability (unless due in part by gross negligence of the Diocese and/or parish) for illness, injury or death arising from or in connection with my attending youth ministry events beginning the 1st day of June, 2010 through the 31th day of May, 2011.**

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all court costs, reasonable attorneys fees and expenses incurred by the prevailing party.

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that I have the following allergies: \_\_\_\_\_  
\_\_\_\_\_.

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

**Name:** \_\_\_\_\_

**Relationship to me:** \_\_\_\_\_

**Day Time Phone Numbers:** \_\_\_\_\_ **Night Time Phone Number:** \_\_\_\_\_

**Health Insurance Carrier:** \_\_\_\_\_

**Insurance ID Number:** \_\_\_\_\_ **Insurance Policy Number:** \_\_\_\_\_

I also consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction (in perpetuity unless otherwise revoked by me in writing and delivered by certified mail, return receipt requested, to: The Catholic Center, 800 West Loop 820 South, Fort Worth, TX 76108, ATTN: Director of Youth Ministry and Adolescent Catechesis) in which I may appear by the Diocese of Fort Worth. I understand that these materials are being used for promotion of the youth ministry of the Diocese of Fort Worth which may include recruitment and fundraising efforts.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*