



# CONVIVIO †

## ACTIVITY PERMISSION & MEDICAL CONSENT FORM - YOUTH PARTICIPANT DIOCESE OF BRIDGEPORT

**Activity:** Convivio 2019 (March 1-3, 2019)

**Venue:** Sacred Heart University (5151 Park Ave, Fairfield, CT 06825)

### SECTION ONE: PARENT / GUARDIAN REQUEST AND MEDICAL CONSENT

#### Participant Information:

|              |  |                     |  |
|--------------|--|---------------------|--|
| Name:        |  | Date of Birth:      |  |
| Address:     |  |                     |  |
| Cell phone:  |  | Email:              |  |
| High School: |  | Year of Graduation: |  |
| Parish:      |  |                     |  |

The undersigned do hereby request and consent that my child \_\_\_\_\_ attend and participate in the CONVIVIO conference to be held on March 1-3, 2019 at Sacred Heart University in Fairfield. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated and/or given medication in accordance with standard medical practice by licensed medical personnel.

I authorize an adult, in whose care the minor has been entrusted, to render supervision and to provide consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician, dentist, or emergency medical technician licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or treatment center whether such diagnosis or treatment is rendered at the office of said physician or said hospital or treatment center.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this request and authorization.

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the above activity sponsored by the Diocese of Bridgeport.

I give permission to Convivio, the Diocese of Bridgeport and the Marian Community of Reconciliation (MCR) to photograph, videotape, and/or film my child and to use his or her image in photographs, video, and/or film for the purpose of promoting the mission, activities, and programs of Convivio, the Diocese of Bridgeport and the MCR. I understand that I and my child are not entitled to any compensation or rights in these materials, and I release Convivio, the Diocese of Bridgeport and the MCR, or any of its agents from any liability for the use of my child's image for the above stated purposes.

The undersigned further hereby agree to hold harmless, and indemnify said entities, its directors, employees, agents and adult volunteers for any liability sustained as a result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

I, thereby request participation and grant permission for my child to participate fully in Convivio 2018 and hereby give my permission to accompanying chaperones to supervise, care and discipline my child. Further, should it be necessary for the participant to return home due to medical reason, disciplinary action or otherwise, I assume all transportation costs. When travel to, and from the activity is not parish sponsored, I assume all liabilities for any personal injury, damage and expense incurred as a result of riding in or driving any vehicle to and from said activity.

**Medical Insurance:**

|                    |  |                    |  |
|--------------------|--|--------------------|--|
| Insurance Company: |  | Policy Number:     |  |
| Primary Physician: |  | Physician's phone: |  |

**Please list the following, if applicable:**

|                                 |  |
|---------------------------------|--|
| Allergies:                      |  |
| Specific concerns:              |  |
| Medication the child is taking: |  |

**SECTION TWO: PARENT /GUARDIAN REQUEST AND RELEASE OF ALL CLAIMS**

In consideration for being accepted by the Diocese of Bridgeport for attendance at and participation in the above-listed activity and associated activities, on behalf of my child participant (if under the age of 21), \_\_\_\_\_, hereby assume all risk of personal injury, sickness, death, damage, expense as a result of participation in all activities involved therein.

The undersigned further hereby agree to hold harmless, and indemnify said entities, its directors, employees, agents and adult volunteers, for any liability sustained as a result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

I, thereby request participation and grant permission for above mentioned child to participate fully in said activity, and hereby give my permission to accompanying chaperones to supervise, care, and discipline my child.

Further, should it be necessary for the participant to return home due to medical reason, disciplinary action or otherwise, I assume all transportation costs. When travel to, and from the activity is not school/parish sponsored, I assume all liabilities for any personal injury, damage and expense incurred as a result of riding in or driving any vehicle to and from said activity.

|                              |  |               |  |
|------------------------------|--|---------------|--|
| Name of Participant:         |  |               |  |
| Parent/Guardian 1:           |  | Cell Phone:   |  |
| Email:                       |  | Relationship: |  |
| Parent/Guardian 2:           |  | Cell Phone:   |  |
| Email:                       |  | Relationship: |  |
| Alternate emergency contact: |  | Cell Phone:   |  |

|                            |  |              |  |       |  |
|----------------------------|--|--------------|--|-------|--|
| Parent/Guardian Signature: |  | Relationship |  | Date: |  |
|----------------------------|--|--------------|--|-------|--|

**SECTION THREE: PARTICIPANT ONLY**

I have read the foregoing and itinerary addendums or attachments, if applicable, and understand the rules of conduct and will abide by them, as well as the directions of the leadership of the activity. I understand that my participation in said activity can be ended at any time at the discretion of activity leaders.

|                        |  |       |  |
|------------------------|--|-------|--|
| Participant signature: |  | Date: |  |
|------------------------|--|-------|--|