

Consent / Release Form

Cross Bearer Discipleship Retreat - February 23-25, 2018

Participant's Name: _____ Birthdate: ____ / ____ / ____
Permanent Address: _____
City: _____ State: _____ Zip: _____

I request permission to participate in the GCU Catholics Cross Bearer Discipleship Retreat from February 23-25, 2018 sponsored by the Holy Spirit Catholic Newman Center.

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this event and that I will be notified as soon as possible in the event of an emergency.

In the event of sickness or accident, I will not hold the Diocese of Phoenix, the Newman Center, or the Franciscan Friars of the Holy Spirit responsible. In the case of sickness or an accident, I authorize and consent to any X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment under the general or specific supervision, and on the advice of any physician, dentist or surgeon licensed to practice in the State of Arizona or any other state. I further understand and agree that any such medical, dental, or hospital expenses incurred shall be at my expense.

I agree to abide by all the rules and regulations stated at the event, those written and those stated verbally.

Participant's Signature: _____ Date: _____

Insurance Company Name: _____ Insured Name: _____

Insurance Policy #: _____

Physician's Name: _____ Physician's Phone: _____

Emergency Person (other than parent): _____ Phone: _____

Please note any other health or allergy conditions which affect your participation or which should be given to an attending physician, dentist or surgeon: _____

