

EMERGENCY MEDICAL TREATMENT RELEASE

Dominican High Schools Preaching Conference

To whom it may concern,

As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to contact me. I further authorize the following minor to be released into the custody of Sr. Mary Soher, OP, or one of the other directors/chaperones of the Conference.

Name of the Minor _____

Dates when release is intended: **June 24 – July 1, 2018.**

This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____ Date _____
(Parent or Legal Guardian)

Address _____

(City/Town) State Zip Code

Home Phone: _____ Work Phone _____

Family Physician _____ Phone _____

Specific allergies, chronic illness, or other conditions which may affect emergency treatment

Medicines taken regularly (Name and Dosage)

Medical Insurance Policy _____
(Name) (Group No.)

***If possible, participant should bring insurance card/information to the conference.**

Other contact person in case of emergency (is aware of the minor's participation in conference)

Name _____ Relationship to Minor _____

Home Phone _____ Work Phone _____

Download these pages. Fill them out and return to Teacher/Campus Minister.
Teacher/Campus Minister mail to Conference Director, 1257 E. Siena Heights Drive, Adrian, MI 49221, at least one week prior to start of conference.

WAIVER AND INDEMNITY AGREEMENT

Dominican High Schools Preaching Conference

In consideration of _____ being permitted to
(Name of student participant)

participate in the Dominican High Schools Preaching Conference at Siena Heights University in Adrian, MI from **June 24 – July 1, 2018**, the undersigned for themselves, their heirs, executors, administrators and assigns, remise, waive, release and forever discharge the Dominican Preaching Conference Director, Siena Heights University, all adult chaperones, bus/van/ car drivers, all participating Dominican Congregations/Provinces and all participating schools from any and all manner of suits, debts, accounts, damages, claims and demands whatsoever in law or in equity which I now have or may acquire by reason of injury or death to said participant above named, or the loss of damage to personal property, arising directly or indirectly out of, or with, or incidental to participation in said Conference.

We, individually and jointly agree to indemnify and hold harmless the Dominican Preaching Conference Director, Siena Heights University, all adult chaperones, bus/van/car drivers, all participating Dominican Congregations/Provinces and all participating schools from all of the liabilities described above or any other liability, asserted, claimed, or recovered, arising directly or indirectly out of or connected with or incidental to participation in said Conference by any person involved in said Conference.

THE STUDENT PARTICIPANT AND BOTH OF THE STUDENT'S PARENTS/LEGAL GUARDIANS MUST SIGN THIS WAIVER AND INDEMNITY AGREEMENT.

(Parent/Legal Guardian)

(Parent/Legal Guardian)

(Student Participant)

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PHOTO/VIDEO RELEASE FORM

Dominican High Schools Preaching Conference Permission to Use Photograph/Video

Name: _____

I grant to the Dominican High Schools Preaching Conference the right to take photographs or video of me and my property. I authorize the Dominican High Schools Preaching Conference, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Dominican High Schools Preaching Conference may use such photographs or video of me with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature of Student _____

Printed Name of Student _____

School _____

School City/ST _____

Signature of Parent/Guardian _____

Printed Name of Parent/Guardian _____

Date _____

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