

Diocese of Worcester
Permission Form for those 18 years and older

RELEASE/INDEMNIFICATION/DEFENSE AGREEMENT AND MEDICAL POWER OF ATTORNEY

I, _____, irrevocably release from all liability to the fullest extent permitted by the law, and hereby agree to indemnify, defend and hold harmless the Roman Catholic Bishop of Worcester, a corporation sole, its officers, agents, representatives, volunteers, chaperones, clergy, religious and employees of the Diocese of Worcester and any and all parishes and ministries thereof, including but not limited to (your school/parish/ministry) _____ and RCB/NE Worcester _____ **(collectively, "RCB")**, from and against any and all liability, demands, actions, causes of action, claims, judgments, cost and expense, including but not limited to attorneys' fees, known or unknown at this time, arising out of or in any way related to any injury, illness, loss or other damage to person or property incurred: (a) by myself while participating in or traveling to or from the following event or activity: **(list event here)** _____ and/or by any other person sustaining or alleged to have sustained any injury, illness, loss or expense, including attorneys' fees, by reason of my negligent or wrongful act or omission.

The RCB's right to defense at my expense shall accrue immediately upon the utterance of any and all claims or complaints arising out of, based upon or in any way associated with the activity or event, regardless of other claims simultaneously brought, and shall not be contingent upon the merit of any such claim(s) or any question(s) of fact raised by the claim or complaint.

I agree to cooperate with and follow the Instructions of RCB. In the event I do not cooperate with or follow the Instructions of RCB I agree that I shall, at my sole cost and expense, arrange for the immediate transportation of myself home from the event or activity, if so requested by RCB.

I appoint RCB as my lawful attorney-in-fact, to act for me in my name and stead and on my behalf, in any way that I would, in the reasonable and sole judgment of RCB be expected to act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity:

To give any and all consents and authorizations to any physician, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other first aid and/or emergency actions as our attorney-in-fact shall deem necessary or appropriate for the best interest of myself. The release/indemnification/defense provisions above shall apply to any such decision or action.

I understand that RCB through its agents will make a reasonable attempt to contact my emergency contact as soon as reasonably possible in the event of medical emergency involving myself.

The powers and authority granted herein may be revoked prospectively by written notice delivered in-hand to RCB, provided that in such notice I confirm that I am immediately assuming full responsibility for all decisions and actions as to my welfare and health. Absent receipt of such written notice this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetence. This power of attorney shall lapse automatically upon completion of the activity and my return. Any revocation of such powers and authority shall not affect any other provision of this Release/Indemnification/Defense Agreement, each of which shall continue in full force and effect.

As evidenced by my signature below, RCB and/or an agent thereof may use my portrait/photograph or video for promotional purposes related to the advancement and development of the ministry of the Roman Catholic Church and the Diocese of Worcester, and I hereby release, indemnify and agree to defend under the provisions above the RCB and its agents from any and all liability, loss, damage and expense, including attorneys' fees, resulting from such use.

I **GIVE** permission _____

I **DO NOT** give permission _____

If any change occurs in the information, which I have provided with respect to emergency contacts or medical information I shall provide immediate written notification of such change to the RCB.

I understand and agree that RCB is not and shall not be responsible for assuring that I take any medication, prescription or otherwise, which may be indicated. There are no medical conditions that would limit my full participation in the activity

or require any special precautions except as I list here (include allergies to medicines/foods or any chronic medical conditions).

List any current medicines and dosage (prescription and over the counter) that we might need to know about should you become unconscious and cannot represent yourself.

By signing below I verify that I have carefully read and understand this statement and that I am signing it freely and voluntarily in consideration of the RCB's agreement to allow me to participate in this voluntary activity, trip or event, and as an inducement to the RCB to permit such participation, without which it would not do so. I request that I be allowed to participate in the above-referenced activity, trip or event.

Signature of participant (adult) _____

Date _____

Home Telephone or Cell phone _____

PLEASE PRINT THE FOLLOWING INFORMATION

Name of person signing this form (print) _____

Email _____

Date of Birth _____

Complete Address _____

City, State, Zip Code _____

Emergency Contact (other than yourself) _____

Relationship _____

Phone _____

Family Doctor: Name _____ Phone: _____

Health Insurance Provider _____

Membership Number _____

Cardholder Name _____