



PERMISSION FORM & MEDICAL/INSURANCE RELEASE FOR ADULTS

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SEX: MALE FEMALE

SCHOOL (or Organization): _____

PARISH (if applicable): _____

I _____ am attending the _____ to be held at Prairie Star Ranch in

Full Name

Event's Title

Williamsburg, KS from _____ . I understand that this event may include the opportunity for physical activities which may

Event Date(s)

include but is not limited to canoeing, swimming, hiking, horseback riding, rock climbing, challenge course experiences, ect. Many of these activities by their nature are physically and emotionally demanding and may involve risks such as bending, twisting, lifting, running, jumping, climbing, swinging, increased heart or breath rates, heights of 40 feet or more, and physical contact with others. I understand that while Prairie Star Ranch staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen. I am aware that certain risks and dangers exist in the activities that are beyond the control of Prairie Star Ranch and their employees. All participants have the right and the responsibility to limit their participation in any activity they believe will compromise their safety. I understand that Prairie Star Ranch staff has the right to deny participation in any activity, and it is the participant's responsibility to follow the safety guidelines and procedures established by the facilitator(s). In consideration for planning this event, I hereby agree to release and hold harmless the Archdiocese of Kansas City, Kansas, the parishes of the region, the youth ministers and volunteers and any their agents from any and all liability for any and all injury that may result from my child's attendance at this event. In addition I agree to accept financial responsibility for any medical expenses incurred as a result of any such injury.

In addition I hereby authorize the treatment by a qualified and licensed medical doctor for the above named minor in the event of a medical emergency which in the opinion of the attending physician, may result in further injury, undue pain, impairment, disfigurement, or death if treatment is delayed. The authority is granted only after reasonable effort has been made to reach me.

Signature **Date**

Address **Phone (Home & Work)**

Physician **Phone**

Medical Insurance Carrier **Insurance #**

Please note below any special physical/dietary/medical concerns for the minor above which need to be addressed throughout the event.

Photo Release

I, _____, hereby authorize the Archdiocese of Kansas City in Kansas, and its agents to utilize my family's photographic image for the specific purpose of publication of the Archdiocese of Kansas City in Kansas events (including promotional materials). In giving my consent, I hereby release and hold harmless the Archdiocese of Kansas City in Kansas and its agents from any and all responsibility or liability. I understand that I will receive no compensation, should any photograph of my family be used.

Print _____ Signature _____ Date _____