



**ADULT MEDICAL RELEASE
BALTIMORE WORKCAMP 2020
Due Date: March 15, 2020**

I, _____, as a participant in Baltimore WorkCamp 2020 produced by St Anthony Shrine (hereafter "WorkCamp") from Sunday, June 28, 2020 through Friday, July 3, 2020 being held at Bishop Walsh High School in Cumberland, MD hereby understand and acknowledge that participation in the activities involves inherent risks of minor and serious injury to myself including risks associated with transportation by motor vehicle. I knowingly, voluntarily and without reservation and on behalf of myself, my child, my heirs, and my estate, hereby RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS Our Lady of Mount Carmel, Thurmont, Roman Catholic Congregation, Incorporated; St. Anthony Shrine, Emmitsburg, Roman Catholic Congregation, Incorporated ("St. Anthony"); St. Timothy, Walkersville, Roman Catholic Congregation; St Joseph, Emmitsburg, Roman Catholic Congregation; Holy Family, Middletown, Roman Catholic Congregation; Our Lady of the Mountains, Cumberland, Roman Catholic Congregation; the Roman Catholic Archbishop of Baltimore and his successors, a Corporation Sole, and each of their affiliate organizations, agents, employees, officers, directors, volunteers, officials, students, and other participants (collectively, the "Church") from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury (including death) sustained in connection with or arising out of my child's participation in the WorkCamp, including the cost of any medical care given to me or any expenses or fees including attorneys' fees incurred in any lawsuit or claim arising as a result of any damage or injuries incurred by or caused by me in the course of my participation in the WorkCamp.

In the event of an injury, I hereby authorize and consent to any medical care deemed necessary for my health and safety under the circumstances, if I am not in a condition to give informed consent, including but not limited to the application of emergency medical procedures, the admittance to a hospital, or the care of a medical professional at my expense. I have not been given a guarantee as to the results of examination or treatment.

I understand that my participation in the WorkCamp may require a minimum level of fitness for safe participation, and that the Church does not screen, medically or otherwise, individuals that participate in the WorkCamp. I acknowledge that it is my sole responsibility to make certain that I am physically fit and healthy enough to participate in the WorkCamp. I recognize and acknowledge there is not any volunteer accident coverage nor is there any medical payments coverage available to me in order to compensate me for expenses I incur from deductibles, co-payments, prescription drugs, or medical services not covered through my own health insurance provider(s) for any injury I sustain as a result of my participation in WorkCamp. I agree that any medical coverage(s) I have will be primary and under no circumstance will I seek any contribution from the Church, or their insurer, for any medical expenses.

I acknowledge and agree that photographs or videotape of participants of the WorkCamp may be used in publications, websites or other materials produced from time to time by the Church. Participants will not be identified by name, however, without specific written consent. I agree that if I do not wish my child to be photographed or videotaped, I will notify the WorkCamp staff in writing. I understand that the Church has no control over the use of photographs or film taken by media that may be covering the WorkCamp. Individuals who do not wish to be photographed or filmed should notify WorkCamp staff in writing.

Full name of participant _____

Date of birth and year _____ Date of last tetanus booster _____

Known allergies including to medicine (continue on the back if needed) _____

Any other medical problems which should be noted (continue below if needed) _____

Are you currently taking any prescribed drugs? If so, please list _____

Home phone _____ Cell phone _____

Work phone _____

Emergency contact _____ Cell phone _____

Date _____

Signature of Participant

Please tape a copy of both sides of your insurance card HERE