



DIOCESE OF LUBBOCK ADULT CONSENT & LIABILITY FORM

This form is to be completed by individuals 18 years of age and older.

Applicant Information

Participant's Name:		Parish:		
Address:		City	State	Zip:
Home Phone:	Cell Phone:		Work:	
Email:				

I agree on behalf of myself, my heirs, successors, assigns, executors, and personal representatives, to hold harmless the Diocese of Lubbock, its officers, directors and agents from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith.

The following request is pertinent information if you are rendered unconscious

Date of Birth (including year)	Preferred Language:
Please list ALL allergies/special health information:	
Please list ANY medications (prescriptions or non-prescriptions):	
Name of Emergency Contact:	Phone Number:

Insurance Information

Do you have medical insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please provide the following information:
Insurance Company:	
Policy in the name of:	Policy Number:
Physician's Name:	Phone Number:

In the event that the participant does not have health insurance, payment in full for medical care becomes the responsibility of the patient.

Signature: _____ Date: _____