

MARCH for LIFE Bus Trip - January 18, 19 & 20 of 2018

LIABILITY RELEASE & EMERGENCY MEDICAL INFORMATION

One Form Must Be Completed for Each Person Attending!

Participant's Name: _____ Birth Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

E-mail Address: _____

Please check one: Adult Youth Bus Captain

Participant's Signature: _____ Date: _____

PARENT or GUARDIAN / ADULT ATTENDEE

I acknowledge and understand that transportation will be provided to me and/or my child to and from the March for Life in Washington, D.C. on January 18, 19 and 20 of 2018 by Peter Pan Bus Lines, Inc. on behalf of the Roman Catholic Diocese of Springfield, Massachusetts (RC Diocese). I fully understand that RC Diocese has simply arranged for the transportation from Massachusetts to the March for Life. I hereby for my child (ren), myself, my spouse, my heirs and administrators assume any and all risks that might be associated with all aspects of participation in the March for Life trip, including the travel to and from Washington, D.C. I hereby unconditionally waive and release any and all claims, present or future, that I may have against the Roman Catholic Diocese of Springfield, Massachusetts, Massachusetts Citizens for Life, Inc., Pro-Life of Pioneer Valley, Inc., the Springfield Diocesan Pro-Life Commission, and the March for Life, their representatives, employees, staff, volunteers, successors, assigns and any agents acting on their behalf (hereinafter "RC Diocese et al") in connection with my or my child's participation in this trip to Washington, D.C., including but not limited to travel to and from, attendance at and participation in the March for Life. I further agree to hold harmless, defend and indemnify PV- MCFL et al from any claims, present or future, related to any injury to me, my child(ren), my property, my child(ren)'s property or to any other person or person's property related to my or my child(ren)'s participation in this trip.

I and/or my child (ren) agree(s) to abide by all directions and instructions of RC Diocese et al. I understand that if I and/or my child (ren) fail to abide by any direction or instruction of RC Diocese may result in immediate dismissal from the bus trip at my expense.

I give permission for me and/or my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by medical personnel. I hereby unconditionally release RC Diocese et al from all liability and responsibility for any consequences which may arise as a result of this evaluation, diagnosis, treatment or medication. I will not hold RC Diocese et al liable in the event of my or my child (ren)'s illness, injury, disability or death. Further, I agree to accept any and all financial responsibility for any medical treatment.

Parent's or Guardian's /

Adult Attendee's Signature: _____ Date: _____

Participant's Physician: _____ Phone: (____) _____

Allergies: _____

Current Medications: _____

Medical History: _____

In case of any emergency, please contact:

Name: _____ Name: _____

Address: _____ Address: _____

Home Phone: (____) _____ Home Phone: (____) _____

Work Phone: (____) _____ Work Phone: (____) _____

I have used the reverse side of this form to provide additional emergency information (over): 