



Mary, Help of Christians Pastoral Center

Helping young people fall in love with Jesus Christ & His Church.



ADULT LIABILITY WAIVER AND CONSENT FOR EMERGENCY MEDICAL TREATMENT

School should keep a copy and return the original to MHCPC

Chaperone's Name: _____ Birthdate: _____ Gender: M / F

Name of School: _____

Dates of Event: _____

I understand that I will be acting as a Chaperone for Camp Magis. This activity will take place under the guidance & direction of staff and/or volunteers of the Office of Youth & Young Adult Ministry and the Catholic Schools Office. A brief description of the activity follows:

- Event name:** Camp Magis
- Type of Event:** MHC Activities may or may not include, but are not limited to, prayer, group games, sports, zip-line, climbing tower, swing-by-choice, high-ropes elements, low-ropes initiatives, hiking, biking, swimming, horse-back riding, camping, archery, arts & crafts, canoeing, and other traditional "camp" activities. Acts of service on Eden Farms could include preparing crops for distribution to food pantries and working with barnyard animals.
- Destination of Event:** Mary, Help of Christians Pastoral Center, Huttonsville, West Virginia

I understand that I remain legally responsible for any personal actions I undertake. I agree on behalf of myself, my heirs, and assigns, to hold harmless and defend the Youth & Young Adult Ministry Office, the Catholic Schools Office, its directors and agents, and the Diocese of Wheeling-Charleston, chaperones, or representatives associated with the event, arising from or in connection with myself attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors, and agents, and the Diocese of Wheeling-Charleston, or representative associated with the event, for reasonable attorney's fees and expenses arising in connection.

Signature: _____ Date: _____

PHOTO RELEASE:

I authorize that pictures taken of myself may be used for promotional purposes.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, I am in good health, and I assume all responsibility for my health.

Signature: _____ Date: _____

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment.

Signature: _____ Date: _____

In the event of an emergency, contact:

Name & Relationship: _____

Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy#: _____

Specific Medical Information: Reasonable care will be taken to see that the following information be held in confidence.

- Allergic reactions (medications, foods*, plants, insects, etc.): _____

- Immunizations: Date of last tetanus/diphtheria immunization: _____
- Do you have a medically prescribed diet? _____
- Any physical limitations? _____
- Have you recently been exposed to a contagious disease or condition, such as mumps, measles, chickenpox, etc.? If so, date of disease or condition:

- You should be aware of these special medical conditions: _____

* If you are in need food accommodations, please email hospitality@mhccenter.org at least 2 weeks prior to your event.