MEDICAL RELEASE FORM

Presentation Service & Discernment Opportunities

I, _____, an applicant for the Sisters of the Presentation Service and Discernment Opportunity, hereby waive, renounce, and release on behalf of myself all claims of whatever nature against the Sisters of the Presentation of the Blessed Virgin Mary, Dubuque, or any adult leader, for any injury, accident, or expense resulting from any cause whatsoever. I hereby grant the adult leaders full authority to take whatever action they consider to be warranted under the circumstances regarding my health and safety and I fully release each of them for any liability for such actions taken on my behalf. This authority will permit the adult leaders, at their discretion, to place me at my expense in a hospital at any point for medical treatment, or if no hospital is available, to place me in the hands of a local medical doctor for treatment. I agree that the adult leaders have the right to enforce rules of conduct, and I am willing to abide by them at all times.

Parent's authorization for applicants under the age of 18 years: By signing below, I hereby certify that I am the parent or guardian of the applicant named above; that I have read this release form; that I join in the release without reservation, granting my full consent to all actions provided for; and further agree to hold blameless the Sisters of the Presentation of the Blessed Virgin Mary, against any and all claims on behalf of the applicant.

WAIVER & RELEASE OF ALL CLAIMS

Clearly PRINT Participant's Name: _____

I/We, recognize and acknowledge that there are certain risks of physical injury inherent in my activities while participating in the Sisters of the Presentation Service and Discernment Opportunity, I/we agree to assume the full risk of any injuries, including death, damages or loss which I/We may sustain as a result of participating in any and all activities connected with this program.

I agree to waive and relinquish all claims I may have against the Sisters of the Presentation of the Blessed Virgin Mary, Dubuque, and its officers, agents, servants, employees and volunteers as a result of my participation in this program.

I further agree to indemnify, hold harmless, and defend the Sisters of the Presentation of the Blessed Virgin Mary, its servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with my activities during my participation in this program.

I/We have read and fully understand the MEDICAL RELEASE AND WAIVER AND RELEASE OF ALL CLAIMS forms:

Signature of Participant: _____

Printed Name of Witness: _____

Witness Signature: _____

Date: _____