



Diocese of El Paso Vocation Ministry
Liability Waiver, and Medical/Emergency Information



All adults participating in events must fill out this form.

Participant

Parish Leader

Volunteer/Parent

Complete Name: _____

Birth Date: _____ Sex: Male Female

Complete Address _____

City _____ State _____ Zip _____

Cell Phone _____ Email: _____

Have you completed the Diocese of El Paso Safe Environment Program (Virtus Training): Yes No

If yes, provide date of completion or renewal _____

Where did you attend training? _____

Release/Indemnification Information:

I agree on behalf of myself, my herein, successors, and assign to hold harmless, the DOEP Vocation Ministry, the Bishop and his successors, employees, agents, volunteers, from any and all claims (unless due in part by gross negligence of the Diocese and/or Vocation Ministry) for illness, injury, death and the cost of medical treatment therewith, arising from or in any way connected with my son/daughter/participant's attending the activities.

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

Signature _____ Date _____

Promotional and Social Media Release

I also consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction (in perpetuity unless otherwise revoked by me in writing and delivered by certified mail, return receipt requested, to Vocation Ministry/Diocese of El Paso, 499 St. Matthews St. El Paso Texas 79907) in which I may appear by the DOEP Vocation Ministry. I understand that these materials, including websites and social media sites, are being used for promotion of the Vocation Ministry of the Diocese of El Paso, which may include recruitment and fundraising efforts.

The Vocation Ministry utilizes today's technology in a positive way to reach out to the youth of the diocese, including Facebook, email and other social media; we may remove any content deemed inappropriate; all communities with any youth through social media programs by anyone representing the diocese may be made

available upon request; the diocese cannot guarantee the phone, videos, or other communication of yourself for diocesan events will not be uploaded to a social media site.

Signature _____ Date _____

Are you insured? Yes No If yes please provide copy of the Insurance card.

Allergic reactions (medication, food, plants, insects, etc.)
Medication currently taken
Any physical limitations.
Have you recently been exposed to contagious disease or condition such as mumps, measles, chicken pox, covid 19, etc? If so, date and disease or condition.
If there are any special medical conditions of this child. Please attach a clear description of this form.

The Vocation Ministry **will not administer** any Prescription nor Non-Prescription medication to the participant during the duration of the event. If the participant/parish leader/volunteer or parent requires any medication, he/she will be the only adult who will administer such medication.

Choose the Event: Altar Server Posada Mass w/Altar Servers Adsumus
Pre-Seminario Visit St. Charles Seminary Other

Date of event: _____

Destination of event: _____

The transportation to/from event will be organized by parish leader with parents of the group or each parent.

Parish Leaders in charge: _____
(Parish leader that will be attending the event with the parish group)

Estimated time of the event: _____

Discernment Meetings

Dates of discernment: _____

Discernments Meeting will be at: Vocation Office/St. Charles Seminary; 8330 Park Haven, El Paso TX 79907

During this event, I give permission for the parish leaders mentioned above or the leader of the event to consent to emergency medical treatment for _____.

To the best of my knowledge, everything herein stated is true and correct and I consent to same

Signature _____ Date _____