

National March for Life

Liability / Medical Release Form

Instructions: carefully read this Form and have it notarized when you sign it. Keep a copy of this signed waiver at home. If you have any legal questions, contact an attorney.

Participant's name: _____

Parent/Guardian's name: _____

Address: _____ City: _____ Zip Code: _____

School: _____ Age: _____ / Grade: _____

E-mail: _____

Parent/Guardian Phone

Home: _____ Work: _____ Cell: _____

Emergency Contact

Contact's name: _____

Home: _____ Work: _____ Cell: _____

Nature of Event

I understand that the 2009 National March for Life is sponsored by the American Conference of Catholic Bishops and, locally, by the Congregation of St. Joseph, Holy Spirit Catholic Church and St. Mary Catholic Church; that it will be held in Washington, D.C. on January 22, 2009; that it will be attended by at least 100,000 people from all over the United States and that various venues of the city of Washington, D.C. and suburbs will host the events of National March for Life 2009.

Nature of Risks

I understand that voluntarily traveling to Washington, D.C. on January 21, attending the various events connected with the March for Life on January 21-22, and returning home on January 22 may involve certain risks beyond the reasonable control of the National March for Life organizers, the Congregation of St. Joseph ("CSJ"), Holy Spirit Catholic Church, St. Mary Catholic Church, their officers, directors, volunteers and agents ("et alia") including, but not limited to, accidents, emergencies, exposure to reckless conduct of other persons, and/or negligence of the organization's security and medical personnel, and that the National March for Life, Holy Spirit Catholic Church, St. Mary Catholic Church and the Congregation of St. Joseph disclaim any and all responsibility for any such risks.

Waiver of Liability

By signing this liability waiver, I agree and acknowledge that I may be giving up important legal rights and remedies available to myself, my family, my heirs, successors, and assigns. For value received, I agree on behalf of myself, and my heirs, successors and assigned (“Our Behalf”) to assume all risks and hold harmless and defend the National March for Life 2009, the Congregation of St. Joseph, Holy Spirit Catholic Church, St. Mary Catholic Church et alia with respect to any and all actions, claims or demands that may be made or brought on Our Behalf against National March for Life 2009, the Congregation of St. Joseph, Holy Spirit Catholic Church, St. Mary Catholic Church et alia arising out of or in connection with travel to or attendance at the event, or any other activity I may engage in while on this trip, and any injury to me (or injury on Our Behalf due to injury to me) from any cause or person whatsoever, and any actions, claims, and demands that may arise because of my actions or omissions, and I agree to compensate the National March for Life, the Congregation of St. Joseph, Holy Spirit Catholic Church, St. Mary Catholic Church et alia for reasonable attorney’s fees and expenses arising in connection therewith.

Medical Release

In the event of injury or illness to me during the duration of this trip, I hereby give my full consent for the administration of emergency medical treatment deemed necessary by a licensed physician or dentist. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring on the necessity for such surgery, are obtained prior to the performance of such surgery.

Statement of Responsibility

Based upon all the foregoing, I choose to participate in the National March for Life 2009. . I also consent to have pictures of myself used for the SLYRC or COR website.

I fully understand the consequences of and sign this Liability Waiver and Medical Release knowingly, freely and willingly.

Participant Signature

Date

(Notary Public signature on next page)

Below used by notary only:

City/County of: _____

State of: _____ SS: _____

The foregoing Waiver was duly sworn and acknowledged before me this ____ day
of _____, 20____ by the person named herein above.

Signature of Notary Public

Commission Expires

Seal