

Washington DC March for Life Registration Form

mail to: Carol Turner 31692 Tebo Rd, Sedalia, MO 65301

check payable to "Missouri Right to Life"

Last Name: _____ First
Name: _____

Address: _____

Phone # _____ (for contact prior to trip)

prefer to room
with _____

Cell# _____ (for passenger contact in DC)

email _____

Medical Release for all passengers

I do hereby grant permission for medical treatment for
(name) _____

by a licensed medical professional, in case of illness or injury, during the March for Life trip to
Washington DC on January 16-19, 2019.

Signature _____
Date _____

Emergency contact
name: _____

Emergency contact phone

Medical Provider Phone

Pertinent medical history, medications &
allergies: _____

Adult Consent & Liability Waiver

I, _____ acknowledge and assume the risk of
transportation on the Washington DC March for Life Bus Trip. I waive any claims against and RELEASE

AND HOLD HARMLESS AND INDEMNIFY, the Diocese of Jefferson City, Sacred Heart School and Parish and any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action and claims arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my participation in the activity, including transportation to and from the activity.

Signature_____

Date_____

Minors 17 & under must have a chaperone.

Student Consent & Liability Waiver

I, as parent or guardian of _____
acknowledge and assume the risk of transportation on the Washington DC March for Life Bus Trip. I waive any claims against and RELEASE AND HOLD HARMLESS AND INDEMNIFY, the Diocese of Jefferson City, Sacred Heart School and Parish and any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action and claims arising out of or relating to any loss damage or injury sustained in connection with or arising out of my child's participation in the activity including transportation to and from the activity,

Parent/Guardian
signature_____

Date_____

Use of Image Attendee Form- 2019 Youth Rally and Mass for Life

Through my own and/or my child's acceptance and use of the ticket to enter and attend the 2019 Youth Rally and Mass for Life, I hereby grant the Archdiocese of Washington permission to use my own and/or my child's image and likeness in any television broadcast, photograph, video, internet site, audio-recording, and in any and all of its publications, including website entries (collectively "promotional materials") without payment or any other consideration. I understand and agree that these promotional materials will become the property of the Archdiocese of Washington and will not be returned. I hereby irrevocably authorize the Archdiocese of Washington to edit, alter, copy, exhibit, publish, or distribute my own/my child's image or likeness for purposes of publicizing or promoting Archdiocese of Washington's programs, or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished products including written or electronic copies wherein my own/my child's likeness appears. Additionally, I waive my right to royalties or other compensation arising or related to the use of the promotional materials. I hereby hold harmless and release and forever discharge the Archdiocese of Washington from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on by behalf, my child's behalf, or on behalf of my estate have or may have by reason of this authorization.

Signature/Parent-Guardian
signature_____

Date_____