



Adult Volunteer Liability Form

Return to:
Steubenville on the Bayou
103 Raywood Drive
Houma, LA 70360

Volunteer's Name: _____ Date of Birth: _____

Cell Phone #: _____ Male or Female: _____

Health Information

Please have your insurance card with you at all times.

Volunteer's allergies, if any (including medications and foods): _____

Volunteer's chronic medical problems, if any: _____

Volunteer's other physical restrictions, if any: _____

Current medication(s) taken by Volunteer: _____

Reasons for taking medication(s): _____

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name: _____ Relationship: _____

Phone #: _____ Cell Phone #: _____

Agreements & Liability Release

1. I agree to abide by all the rules and regulations stated by Steubenville on the Bayou Catholic Youth Conference.
2. I have read and understood the expectations and guidelines for this event and will cooperate with these rules. I understand that failure to comply may result in immediate dismissal, with transportation home at my expense, as outlined in the consequence policy.
3. Should photos or video be taken, I give my permission for the use of my image and/or likeness in any promotional or other marketing activities relating to the Steubenville on the Bayou Catholic Youth Conference.
4. In the event of an emergency, I hereby give permission to the hosts of the Steubenville on the Bayou Catholic Youth Conference, its directors, agents, volunteers, and representatives associated with this event to transport me to a hospital to receive emergency medical or surgical treatment.

In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Adult Volunteer Signature: _____ Date: _____