

Dear Adult Searcher,

You are eligible to participate in the “SEARCH for Christian Maturity” Retreat Program that requires transportation to a location away from the parish site. This activity will take place under the guidance of

_____ parish and the Diocese of Raleigh. . The Search Weekend will be held from
7:30 p.m. on _____ until 2:00 p.m. on _____
(Enter Search Start Date) (Enter Search End Date)

at Short Journey Center, Smithfield, NC. Transportation to and from this event is the responsibility of the parent/guardian/adult. Please complete, sign and return the following statement of consent and release of liability. As you know, you remain fully responsible for any liability which may result from personal actions taken by you. **If you bring or use any drugs, alcohol, weapons, or tobacco products or engage in reckless or violent behavior, you will be expected to leave immediately.**

I consent to the conditions stated above regarding participation in this event, including the method of transportation.

I release the Diocese of Raleigh, _____ (parish name) and their agents and volunteers from any injuries which may be incurred by me.

I give permission, in case of emergency, to be taken to a physician or hospital by either an adult youth leader, diocesan or parish personnel. I understand that every effort will be made to reach my emergency contact (listed below). *If they cannot be reached*, however, I hereby give permission to the physician selected by the adult in charge, to hospitalize and secure proper treatment, including surgery, for me.

Adult Signature _____ Date _____

Please Print Clearly

Adult's Full Name _____ Gender: M/F _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Work Phone No.: _____

Email Address (Please print clearly): _____

Emergency Contact: _____ Phone: _____

Any allergies or medical, physical, or dietary restrictions/requirements: _____

Medications presently taking (including over-the-counter medications): _____

Social Security Number: _____

Medical Insurance Company: _____

Policy ID Number: _____