

One Call 2024 Adult Liability Waiver

“A Living Hope” June 25 – June 29, 2024

Saint John’s University

For all participants 18+

Participant Name: _____ Birth Date: _____

CONSENT:

I intend to participate in One Call during the dates listed above. I waive any claims against, and realize and hold harmless One Call Institute and Saint John’s University, and their employees and volunteers, from any harm that occurs to me while participating in this event.

In the event I require medical treatment or transportation for medical care, I authorize to take appropriate measures to provide care and treatment for me, to transport me to the nearest emergency room or physician office, or to call an emergency paramedic ambulance service. If I am unable to communicate I authorize One Call to contact the designated emergency contact at the number(s) listed below.

In the event of an emergency, please contact:

Name: _____ Relationship: _____

Cell/Work Phone: _____ Home Phone: _____

Participant signature: _____ *Date:* _____

PHOTO RELEASE:

I grant permission for myself to be photographed/ videotaped by One Call, its staff or volunteers. I grant One Call the right to use such photographs or videos in all forms and all manners, for advertising, trade or any other lawful purposes, and I waive any right to inspect or approve the finished version(s), including written copy that may be created and appear in connection therewith.

Participant signature: _____ *Date:* _____