



TRAILBLAZERS WORLD YOUTH DAY 2008 MEDICAL RELEASE FORM FOR SYDNEY, AUSTRALIA

Participant's Name: _____
Last First

Date of Birth (mm/dd/yy) _____ Gender: Male Female

Address: _____
Street, Number City State Zip

() _____
Parent(s) Work Phone Number Emergency Phone Number

The undersigned do(es) hereby declare, that our (my) child, dependent or myself, (the "minor/participant")

_____,
Write the complete name of participant (child, dependent or self)

a participant at World Youth Day 2008 in Sydney, Australia (the "event"), and a pilgrim for said event registered with TRAILBLAZERS WYD, INC, consents to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor/participant in an emergency situation, under the general or special supervision of competent professional personnel on the advice of any physician or dentist, licensed under the provisions of law in the country where medical attention is provided, who is (are) on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the above mentioned minor/participant pursuant to the authorization. Every person will be responsible for his (her) prescribed medication and the use of the prescribed medication in accordance with their doctor's medical indications. Should it be necessary for the minor/participant to return home due to illness or medical reasons, the undersigned shall assume all transportation costs.

The undersigned do(es) also hereby give permission for the minor/participant to ride in any vehicle designated by the adult in whose care the minor/participant has been entrusted by the directors of TRAILBLAZERS WYD, INC while attending and participating in the event and during transit to and from the event.

Do you agree to the statements set out above? Yes No

Medical Insurance Company _____ Policy Number _____

Participant Signature _____ Date _____

Minors:¹

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Legal Guardian's Signature (REQUIRED, if parents are unavailable) _____ Date _____

IMPORTANT: Please list all allergies and/or special medical conditions. _____

(use other side if necessary).

¹ For participants who have not completed their 17th year (i.e., celebrated their 18th birthday) before July 7, 2008. If parents are divorced or one or more parent is deceased, or if for any other reason only one parent or guardian is able to sign this document, please send this form along with appropriate proof that supports the claim.