



**Transportation Ministry
Parish Bus Passenger Registration Form**

This form should be returned to the BUS DRIVER or CHURCH REPRESENTATIVE

It is very important that all information is correctly filled out below in order to participate in St. Joseph's bus service. This information will be kept CONFIDENTIAL and will only be used in case of emergency.

Please contact Michael Broach at 891-0746 if you have any questions.

Full Name _____

Address _____

Residence Individual Home PSI Mandarin Center Augustine Landing
 Wyndham Lakes Brookdale
 Other, name of apartment complex or center: _____

Phone Number _____ Date of Birth _____

Mass 5:30 Mass on Saturday 10:00 Mass on Sunday

Emergency Contact # 1 _____ Phone _____

Emergency Contact # 2 _____ Phone _____

Do you need assistance with a walker or wheelchair? _____

Please list any medical conditions, medications or other important information that we would need to know in case of an emergency. Use the back side of this form if more room is needed.

Release of Liability: I, the undersigned, for and in consideration of being able to participate in St. Joseph's Transportation Ministry on my behalf and that of my personal representatives, assigns, heirs, and next of kin, do hereby release and hold harmless, St. Joseph's Catholic Church and the Diocese of Saint Augustine, Felipe J. Estévez, as Bishop of the Diocese of Saint Augustine, a corporation sole, Bishop Felipe J. Estévez, individually, all organizers of this program, all volunteers, chaperones, employees and agents of said parties and, their personal representatives or assigns, for any loss or damage on account of any injury to the person or personal property of myself, or death, caused by negligence of the released parties or otherwise, while I am engaged in the above stated transportation program. I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of State of Florida, and that if any provision of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. In the event of any emergency, which requires medical or other attention, I hereby give permission to the release parties for myself to be transported to a hospital or like facility for emergency medical, dental, anesthetic or surgical treatment. I further agree to pay for any and all expenses incurred with respect to the emergency and such treatment.

Signature

Date