

MARCH FOR LIFE

2022

Name: _____

Email: _____

Cell Phone: _____

Age: _____

College or Church Currently Attending: _____

Roommate(s) for Hotel (up to 3): _____

Date: _____

Release of Liability

I do hereby release Catholic Charities and the Diocese of Toledo of any liability associated with the 2022 March for Life trip. I recognize that with every traveling situation inherent risks are involved and I take responsibility for my own health and well-being (or my child's if he/she is under 18) during this entire trip. I hereby release Catholic Charities Diocese of Toledo and trip organizers from any liability if I were to contract Covid-19 or any other illness. I also recognize that Catholic Charities and the Diocese of Toledo are not responsible for any lost or damaged items during the trip.

Signed: _____ Date: _____

Payment Information

Return this form with \$249 (\$149 for college students) to Catholic Charities Diocese of Toledo, c/o Peter Range at 1933 Spielbusch Ave., Toledo, Ohio 43604 by December 3, 2021. Make checks out to Catholic Charities Diocese of Toledo with "March for Life Registration" in the memo line. To pay online, visit catholiccharitiesnwo.org and click on donate. Be sure to include March for Life in the "notes" section.

Emergency Contact/Medical Information

Primary Emergency Contact

Name: _____ Phone Number: _____

Relation to you: _____

Secondary Emergency Contact

Name: _____ Phone Number: _____

Relation to you: _____

Do you have any medical conditions that the supervisors of this trip should be aware of in case of an emergency?
