

ADULT LIABILITY WAIVER

Each adult participant, including group leaders and chaperones, must sign this form.

RELEASE OF LIABILITY/MEDICAL RELEASE

I, _____, agree on behalf of myself, my heirs, assigns, executors, and
Full Name
personal representatives, to hold harmless and defend _____,
Parish/School

the Diocese of Fort Wayne-South Bend, its officers, directors, agents, employees, or
representatives from any and all liability for illness, injury or death arising from or in connection
with my participation in the trip.

In the event that I should require medical treatment and I am not able to communicate my
desires to attending physicians or other medical personnel, I give permission for the necessary
emergency treatment to be administered. Please advise the doctors that I have the following
allergies: _____

In case of an emergency and for permission for treatment beyond emergency procedures,
please contact:

Name: _____

Relationship to me: _____

Daytime Phone: _____ Night time phone: _____

Health Insurance Carrier: _____

Insurance ID Number: _____ Insurance Policy Number: _____

Signature

Date

Printed name

Date of birth: _____