



ADULT LIABILITY WAIVER

Every adult participant, including group leaders, chaperones, catechists, and other volunteers, working or volunteering in any capacity must sign this form.

RELEASE OF LIABILITY

I, _____ (full name of adult participant), agree on behalf of myself, my heirs, assigns, executors, and personal representatives to hold harmless and defend _____ Holy Cross Catholic Church _____ (parish/school), Diocese of Victoria, 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 activity that may take place from _____ (start date) to _____ (end date).

MEDICAL RELEASE

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: _____ Policy Number: _____

Signature

Date

Printed Name