

YOUTH TRAVEL/ACTIVITIES ADULT LIABILITY WAIVER

(Leaders and/or chaperones)

I, _____ agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend _____
School/Parish/Institution, and the Archdiocese of Mobile, its officers, directors, employees, or representatives associated with the trip/activity from any and all liability claims, loss or damage arising from or in connection with my participation in the trip/activity.

Signature: _____ **Date:** _____

Medical Matters: I hereby warrant that to the best of my knowledge, I am in good health.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment.

Specific Medical Information that may impact medical treatment: _____

In the case of an emergency contact:

Emergency contact person: _____

Emergency Contact's Cell Phone: _____ Other Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Printed Name: _____