

# ADULT LIABILITY WAIVER

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

## PARISH/SCHOOL/GROUP YOU ARE REGISTERING UNDER:

Most Precious Blood Parish, New London, WI 54961

## RELEASE OF LIABILITY/MEDICAL RELEASE:

I, \_\_\_\_\_ (Full Name), agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend

Most Precious Blood Parish, New London, WI 54961 (Parish/School in the Diocese of Green Bay), Diocese of Green Bay, 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: \_\_\_\_\_

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Email Address: \_\_\_\_\_

## Affiliation with the teens of your group (Circle all that apply)

Parent      Youth      Minister      Catechist      Teacher

Other \_\_\_\_\_