

Parish/School/Group You are Registering Under:

+ Office of Youth Ministry +
Diocese of Green Bay, WI
Parishes Holy, Engaged, Alive

Adult Liability Waiver

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

RELEASE OF LIABILITY/MEDICAL RELEASE

I, _____, agree on behalf of myself, my heirs, assigns,
Full Name

executors, and personal representatives, to hold harmless and defend
_____, Diocese of Green Bay, its officers,

Parish/School in the Diocese of Green Bay

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

Print name

Email Address: _____

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

Parent Youth Minister Catechist Teacher Other _____