

ADULT LIABILITY WAIVER

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

PARISH/SCHOOL/GROUP YOU ARE REGISTERING UNDER:

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 _____(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 _____



Diocese of
Green Bay