

ADULT LIABILITY WAIVER

Each adult participant, including group leaders and chaperones, 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 Providence, its officers, directors,
School Diocese
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