**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

, its officers, directors, employees and agents, and

*Name of Parish/School*

the Archdiocese of New York, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of New York its employees and agents and chaperones, or representative associated with the event for reasonable attorney’s fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

I know and will uphold the Safe Environment policies and practices of the Archdiocese of New York.

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 of the following:

Allergies:

(Optional) Medical Conditions:

(Optional) Medications:

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