

Adult Liability Waiver

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

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 _____ (name of parish/school), its officers, directors, employees and agents, 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 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, agents, 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: () _____ Evening phone: () _____

Health insurance carrier: _____

Insurance ID number: _____ Insurance policy number: _____

Signature: _____ Date: _____

Print name: _____