

**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, executors, and  
*Full Name*  
personal representatives, to hold harmless and defend \_\_\_\_\_,  
*Parish/School*  
the Diocese of Fort Wayne-South Bend, 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: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed name

Date of birth: \_\_\_\_\_