Adult Liability Waiver

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

_____

Release of Liability/Medical Release

I, _____(*full name printed*), agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend _____(*parish/school*), Diocese of Boise, 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 and/or event.

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: _____ Nighttime phone: _____

Health Insurance Carrier: _____

Insurance ID Number: _____ Insurance Policy Number: _____

Signature: _____ Date: _____

Print Name: _____