

ADULT LIABILITY WAIVER
Day/Overnight Trip Events

Parish/School: _____

Nature of Activity: _____

Date: _____

Duration: _____

RELEASE OF LIABILITY

The undersigned, his/her personal representatives, heirs and assigns, DO HEREBY:

1. RELEASE, DISCHARGE AND COVENANT NOT TO SUE the above named parish/school and the Archdiocese of Saint Paul and Minneapolis, MN for any and all claims and liability, except for those arising out of the strict liability or negligence of releasee which causes the undersigned injury, death or property damage and further agrees to hold releasee harmless and indemnify releasee from any claim, judgment or expense releasee may incur by participation in the described activity.

2. UNDERSTAND that participation in the described activity involves potential danger and risk of injury. The inherent danger is understood and voluntarily assumed.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.

Printed Name

Date

Signature

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to be transported to a hospital for medical treatment. In the event of any emergency, contact:

Signature

Phone Number

OPTIONAL MEDICAL INFORMATION: I elect not to provide medical information ____ (initial)

Emergency Contact Name and Number: _____

Medication(s) I may be taking _____

Allergies _____

Other Medical Conditions _____

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My Health Plan carrier number _____

My Doctor _____ Phone Number _____

I agree to all of the above stated considerations and conditions.

Signed: _____ Dated: _____