

# 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

St. Joseph's School and St. Joseph Parish (Ken), Diocese of Yakima, its officers,  
Parish/School (Arch) Diocese

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

\_\_\_\_\_  
Print name

