



ADULT LIABILITY WAIVER

Every adult participant, including group leaders, chaperones, catechists, and other volunteers, working or volunteering with minors in any capacity must sign this form.

RELEASE OF LIABILITY

I, _____ (full name of adult participant), agree on behalf of myself, my heirs, assigns, executors, and personal representatives to hold harmless and defend _____ (parish/school), Diocese of Victoria, its officers, directors, agents, employees, or representatives from any and all liability for illness, disease (e.g. COVID-19), injury, or death arising from or in connection with my participation in the activity that may take place from _____ (start date) to _____ (end date).

MEDICAL RELEASE

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:

Health Insurance Carrier: _____

Insurance ID Number: _____ Policy Number: _____

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: _____

Relationship to me: _____

Daytime Phone: _____ Nighttime Phone: _____

Signature

Date

Printed Name