

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

heirs, assigns, executors, and personal representative (parisemployees, or representatives from any and all liab	name of adult participant), agree on behalf of myself, my ves to hold harmless and defend sh/school), Diocese of Victoria, its officers, directors, agents, bility for illness, disease (e.g. COVID-19), injury, or death in the activity that may take place from
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 trea	atment beyond emergency procedures, please contact:
Name:	
Relationship to me:	
Daytime Phone:	Nighttime Phone:
Signature	Date
Printed Name	