

ADULT LIABILITY WAIVER

(For all adult volunteers (18 and older) participating in below JDW Activity/Field Trip)

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
_____, and the Archdiocese of Washington, its officers,
Parish/School

Directors, agents, employees, or representatives from any and all liability for illness, injury or death arising from or in connection with my participation in this activity or trip. I acknowledge that my participation in the activity or trip is voluntary. I understand further that as a volunteer, I am not covered by any type of workers compensation benefits or protection.

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: _____ Cell: _____

Health Insurance Carrier: _____

Insurance ID Number: _____

Insurance Policy Number: _____

Signature

Date

Print name