



Archdiocese of Las Vegas

FIELD TRIP

ADULT LIABILITY WAIVER

Release of Liability / Medical Release

Each adult participant, including group leaders and chaperones, must complete and sign this form.

I, _____, agree on behalf of Myself, my
(Full Name)

heirs, assigns, executors, and personal representatives, release and waive any and all claims which I may have, or which may accrue to me, and further agree to indemnify, forever hold harmless and defend The Roman Catholic Archbishop of Las Vegas, and His Successors, a Corporation Sole, its officers, directors, agents, employees and /or representatives, and the Parish/School/Institution

(Name of the Parish/School/Institution)

From any and all liability associated with my participation in the field trip/activity to:

Date of trip: _____

This waiver and release form is signed in order to participate in this event or activity for my own personal enjoyment and benefit, and is done so freely with full knowledge of the risks and dangers incident thereto. I warrant and represent that I am eighteen (18) years of, or over, and upon request will produce satisfactory proof of such fact.

In the event 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 physicians that I have the following allergies and/or health conditions:

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

Name: _____ Relationship to me: _____

Phone (home): _____ (cell): _____ (work): _____

Family physician: _____ phone: _____

Health Insurance carrier: _____

Policy no: _____ Group/ID no: _____

Signature: _____ **Date:** _____

Print Name: _____

**Adult Liability Waiver
Multiple Activities Listing**

If you are participating in more than one activity, please list each date and name of the activity in the space provided below

Date	Activity

Signature: _____ Date: _____

Print Name: _____