
Name of parish
Diocese of Amarillo Adult Release and Waiver of Liability
Revised 3/04/2004

Please Print

Adult Participant's Name: _____

Parish: _____ Daytime Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless

Parish

and, their officers, directors, and agents from any liability for illness, injury or death arising from or in connection while I attend the Diocese of Amarillo Youth Function/Activity. I agree to compensate the above-named parish/organization, Diocese, and their officers, directors and agents, and/or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Additionally, I give my permission to be photographed during activities associated with the above-mentioned event. I understand that said photos/videos may be used for future publicity within the parish, Diocese, and or Catholic Church.

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.

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

Name: _____

Work Phone: () _____ Home Phone: () _____

Relationship to me: _____

Please attach a copy, front and back, of your health insurance card.

Insurance Carrier: _____

Insurance ID Number: _____ Insurance Policy Number: _____

I acknowledge that my signature on the bottom of this page signifies that I am in agreement with all the statements on this form. Furthermore, I agree to abide by all policies and expectations regarding adult leaders / chaperones as put forth by _____ (*name of parish*) and the Catholic Diocese of Amarillo. My primary function on this trip is to ensure the safety and well-being of all participants in my charge. I will refrain from any actions / behaviors that are not consistent with the teachings of the Catholic Church and any that could be potentially harmful to myself and any other participants.

Signature

Date