

Parish/School/Group You are Registering Under:

+ Office of Youth Ministry +  
Diocese of Green Bay, WI  
*Parishes Holy, Engaged, Alive*

# Adult Liability Waiver

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

## 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  
\_\_\_\_\_, Diocese of Green Bay, its officers,

Parish/School in the Diocese of Green Bay

directors, agents, employees, or representatives from any and all liability for illness,  
injury or death arising from or in connection with my participation in the trip.

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: \_\_\_\_\_ Night time phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print name

Email Address: \_\_\_\_\_

Affiliation with the teens of your group (Circle all that apply)

Parent      Youth Minister      Catechist      Teacher      Other \_\_\_\_\_