

# Adult Release Of Liability/ Medical Release Liability Waiver

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

I (full name), \_\_\_\_\_  
agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend (Parish/School, Archdiocese) The Agape Service Project and (my parish/school)

its officers, 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: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Day time phone: \_\_\_\_\_

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

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

\_\_\_\_\_  
Parent/Guardian Signature Date

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