



ADULT LIABILITY WAIVER
Each adult participant, volunteer, driver, group leader and
chaperone must sign this form.

Parish/School: ___ Church of St. Gerard Majella _____

Nature of Activity: ___ Public Mass _____

Date: _____

Duration: ___ approx. 1.5 hrs. _____

**RELEASE OF LIABILITY, INDEMNIFICATION AGREEMENT
& MEDICAL RELEASE**

I, _____, agree on behalf of myself, my heirs, assigns,
Print Full Name
executors, and personal representatives, to hold harmless, and defend the Church of St. Gerard Majella, the
Archdiocese of Saint Paul and Minneapolis, its officers, directors, agents, employees and
representatives
("Releasees") associated with the Activity from any all liability claims, injury, loss and damage arising from
or in
connection with my participation in the Activity.

Further, I AGREE to hold Releasees harmless and indemnify Releasees for any claim or cause of action
whatsoever arising out of the above Activity which takes place during the above identified dates that is
brought
against Releasees by myself or my family members, heirs, assigns, executors and personal representatives.

I UNDERSTAND that participation in the described activity involves danger and risk of injury. The inherent
danger is understood and voluntarily assumed.

EMERGENCY MEDICAL TREATMENT: 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 and/or other health conditions:

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: _____

**I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND I
ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY
ACCEPTANCE OF THESE PROVISIONS.**

Signature

Date