

ST. PAUL THE APOSTLE PARISH

ADULT LIABILITY WAIVER

MARCH FOR LIFE BUS TRIP
FRIDAY, JANUARY 24, 2025
1:00AM until approximately 11:55PM

Each adult participant, including group leaders and chaperones, must sign this form. An adult is a person who has completed his or her eighteenth year on or before Friday, January 24, 2025.

RELEASE OF LIABILITY/MEDICAL RELEASE

I, _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend the Roman Catholic Diocese of Albany and St. Paul the Apostle Parish or Church, its officers, directors, agents, employees, volunteers, or representatives from any and all liability for illness, injury or death arising from or in connection with my participation in the above trip. If 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: _____

BEST TELEPHONE NUMBERS: _____

HEALTH INSURANCE CARRIER: _____

INSURANCE ID NUMBER: _____ INSURANCE POLICY NUMBER: _____

PRINT NAME

SIGNATURE

DATE