

# YOUTH TRAVEL/ACTIVITIES ADULT LIABILITY WAIVER

(Leaders and/or chaperones)

I, \_\_\_\_\_ agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend \_\_\_\_\_ School/Parish/Institution, and the Archdiocese of Mobile, its officers, directors, employees, or representatives associated with the trip/activity from any and all liability claims, loss or damage arising from or in connection with my participation in the trip/activity.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Matters:** I hereby warrant that to the best of my knowledge, I am in good health.

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment.

**Specific Medical Information that may impact medical treatment:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the case of an emergency contact:

Emergency contact person: \_\_\_\_\_

Emergency Contact's Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_