



YOUTH MINISTRY ADULT LIABILITY WAIVER

Each adult participant (age 18 and over), including group leaders and chaperons must sign this form.

PARISH/SCHOOL: _____ CITY: _____

EVENT: _____ DATE(S) of EVENT: _____

I, _____ agree on behalf of myself, my
Full Legal Name
heirs, assigns, executors, and personal representatives, to hold harmless and defend the parish or school named above, the Catholic Diocese of Sioux Falls, 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 event described above.

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 emergency and for permission for treatment beyond emergency procedures, please contact:
Name: _____
Relationship to Me: _____
Daytime Phone: _____ Alternative Phone: _____
Health Insurance Carrier: _____
Insurance ID Number: _____

Signature:

Date: