Diocese of Ras Wegas

Field Trip Adult Liability Waiver Release of Liability / Medical Release

l,		, agree on behalf of myself, my heirs, assigns,
	Full Name	
may accrue to me, and further	agree to indemnify, hold ha ors, a Corporation Sole,	aive any and all claims which I may have, or when armless and defend The Roman Catholic Bishop, its officers, directors, agents, employees and
St. Francis o	f Assisi Roman Catholic	ic Church
	(Name of the Parish/Scho	nool/Institution)
from any and all liability associa	ited with my participation in	in the field trip to: See reverse
		Date of trip: Various see reverse
enjoyment and benefit, and is o	done so freely with full kno	icipate in this event or activity for my own personowledge of the risks and dangers incident theretory or over, and upon request will produce satisfact
physicians or other medical p	ersonnel, I give permission	m not able to communicate my desires to attendion for the necessary emergency treatment to be following allergies and/or health conditions:
In case of an emergency and for Name:	•	nt beyond emergency procedures, please contac
Relationship to me:		
-		
Phone (home):	(cell):	(work)
Family physician:		phone:
Health insurance carrier:		
Policy no	(Group/ID no:
Signature:		Date:
Print Name:		

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Adult Liability Waiver Multiple Activities Listing

If you are participating in more than one activity list each date and name of the activity in the space provided below.

Date	Activity
11/8-11/10/2019	Confirmation I retreat A to Mt Potosi Retreat Center
11/15-11/17/2019	Confirmation I retreat B to Mt Potosi Retreat Center
2/1/2020	Diocesan Youth Rally @ Bishop Gorman High School
2/19-2/20/2020	Anaheim Youth Day @ Disneyland & Anaheim Conv center
2/21-2/23/2020	Religious education Congress @ Anaheim conv center
3/20-3/22/2020	Confirmation II retreat to Forest Home Retreat Center
7/24-7/26/2020	Steubenville San Diego to the University of San Diego, CA

Signature:	Print name:			
Data				
Date:				

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