

Pax Christi Youth Ministry

Adult Liability Waiver/Medical Release

Name of Event: Middle School Service Week **Method of Transportation:** Car & Bus
Dates & Times: July 24-28, 2017 **Leader/Supervisor:** Zach Rawson
Location/Destination: Sites Around Rochester & FMSC **Cost + Due Date:** \$10, June 15

I, _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Pax Christi Catholic Church, the Diocese of Winona, 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 trip.

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:

Adult Participant Information:

T-Shirt xs s m l xl xxl

Name _____

Sex Male/Female

Mobile # _____

Text? Yes No

Email _____

Health Insurance Information:

Carrier _____

ID Number _____

Policy Number _____

Emergency Contact Information:

In case of an emergency, and for permission for treatment beyond emergency procedures, contact:

Name _____

Relationship _____

Primary # _____ **Other #** _____

Signature _____

Date _____

Printed Name _____

Office use only:

___ Paid (Cash/Check# _____) ___ Accounting Spreadsheet ___ Event Participation List
___ Event Folder ___ Emergency Medical Form ___ Photo Opt-out

Updated December 7, 2016