

# FIELD TRIP 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 field trip from any and all liability claims, loss or damage arising from or in connection with my participation in the field trip.

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: \_\_\_\_\_