

FIELD TRIP

ADULT LIABILITY WAIVER

In addition to the Field Trip Health Information/Release form, each adult participant, including group leaders and chaperones, must sign this form.

RELEASE OF LIABILITY/MEDICAL RELEASE

I, _____, agree on behalf of myself, my heirs, assigns, executors and personal
Name
representatives, to hold harmless and defend **Holy Family Holy Name School**, The Roman Catholic Bishop of Fall River Corp Sole, its officers, directors, agents, 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 field trips during the current school year.

Signature

Date

Print name

EMERGENCY CONTACT/INSURANCE INFORMATION

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

Name: _____

Relationship to Me: _____

Daytime Phone: _____ Night time Phone: _____

Health Insurance Carrier: _____

Insurance ID Number: _____ Insurance Policy Number: _____

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:

Signature

Date

Print Name