

Diocese of Superior Adult Liability Waiver and Emergency Contacts

This form must be fully completed and returned to the appropriate parish/school/diocesan.

Full Legal Name: _____

Address: _____

Date of Birth: _____ Gender: Female Male

Phone – Home: _____ Cell: _____ Work: _____

Email address: _____

Date of Diocesan Background Check: _____ Verified by: _____

Date of Diocesan BASE Training: _____ Verified by: _____

This document is being completed for the following event: Date(s): **Alter Server trip August, 22nd 2017.**

Description: **Action City trampoline park/pool trip**

Sponsored by: **Holy Trinity, Our Lady of Lourdes, St John the Evangelist, St Joseph parishes**

My signature below indicates my agreement to the following:

- In accordance with the United States Conference of Catholic Bishops' *Charter for the Protection of Children and Young People* AND the Diocese of Superior Safe Environment requirements, I have completed all of the appropriate documentation required to accompany minors on this event specified above.
- I agree to act in accordance with the Diocesan Code of Conduct for Working with Minors, Diocesan Morals & Ethics Policy, Diocesan Chaperone Guidelines, and the directives established for this specific event.
- I fully understand my responsibilities for this event as described to me by parish/school/diocesan staff and/or those planning this activity.
- I further agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend (parish name & city) _____, the Diocese of Superior, its officers, directors, agents, employees, or representatives associated with the event specified above from any and all liability claims, loss or damage arising from or in connection with my participation in this activity.
- I agree to inform event organizers of any special concerns or needs I may have.

Signature: _____ Date: _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____

Phone – Home: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____

Phone – Home: _____ Cell: _____ Work: _____

Primary physician: _____ Phone: _____

Health system & location: _____

Health insurance carrier: _____ Policy number: _____