



ADULT LIABILITY WAIVER

Parish/School: St. John the Baptist Catholic Church and School, New Brighton, MN
Nature of Activity: Parish Family Pilgrimage to Our Lady of Good Help and the National Shrine of St. Joseph Green Bay, WI
Date: Friday, October 27, 2017
Transportation: Charter Bus (meet at Church at 6:15 am and return to St. John's at 10:30 pm)
Cost: \$50.00 per person

RELEASE OF LIABILITY

The undersigned, his/her personal representatives, heirs and assigns, DO HEREBY:

1. RELEASE, DISCHARGE AND COVENANT NOT TO SUE St. John the Baptist Catholic Church and School and the Archdiocese of Saint Paul and Minneapolis, MN for any and all claims and liability, except for those arising out of the strict liability or negligence of releasee which causes the undersigned injury, death or property damage and further agrees to hold releasee harmless and indemnify releasee from any claim, judgment or expense releasee may incur by participation in the described activity.
2. UNDERSTAND that participation in the described activity involves potential danger and risk of injury. The inherent danger is understood and voluntarily assumed.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.

Printed Name _____ Phone _____

Address _____ City _____

Email _____ Amount Enclosed (\$10.00) _____

OPTIONAL MEDICAL INFORMATION: I elect not to provide medical information _____ (initial)

My Health Plan carrier number _____

Medication(s) I may be taking _____ Allergies _____

Other Medical Conditions _____

My Doctor _____ Phone Number _____

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to be transported to a hospital for medical treatment. In the event of any emergency, contact: _____

I agree to all of the above stated considerations and conditions.

Signature

Date