

*Diocese of Las Vegas*

Field Trip  
Adult Liability Waiver  
**Release of Liability / Medical Release**

I, \_\_\_\_\_, agree on behalf of myself, my heirs, assigns,  
Full Name

executors, and personal representatives, release and waive any and all claims which I may have, or which may accrue to me, and further agree to indemnify, hold harmless and defend The Roman Catholic Bishop of Las Vegas, and His Successors, a Corporation Sole, its officers, directors, agents, employees and/or representatives, and the Parish/School/Institution

\_\_\_\_\_  
(Name of the Parish/School/Institution)

from any and all liability associated with my participation in the field trip to: \_\_\_\_\_

\_\_\_\_\_ Date of trip: \_\_\_\_\_.

This waiver and release form is signed in order to participate in this event or activity for my own personal enjoyment and benefit, and is done so freely with full knowledge of the risks and dangers incident thereto. I warrant and represent that I am eighteen years of age, or over, and upon request will produce satisfactory proof of such fact.

In the event 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 physicians that I have the following allergies and/or health conditions:

\_\_\_\_\_  
\_\_\_\_\_

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

Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work) \_\_\_\_\_

Family physician: \_\_\_\_\_ phone: \_\_\_\_\_

Health insurance carrier: \_\_\_\_\_

Policy no. \_\_\_\_\_ Group/ID no: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Adult Liability Waiver  
Multiple Activities Listing**

If you are participating in more than one activity list each date and name of the activity in the space provided below.

Date	Activity

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_