

**ADULT PERMISSION AND LIABILITY WAIVER**

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I, \_\_\_\_\_, agree to participate in this parish event, that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from Holy Angels Parish.

A brief description of the activity follows:

Date(s) of Event: **August 14 / 15** Type of Event: **Inspiration Tour - Fiesta Texas**  
Emergency Telephone Number: **325-374-7609** Destination: **San Antonio**  
Individual(s) in Charge from parish: **Lori Hines**  
Estimated Time of Departure and Return: **6:00 a.m. Aug. 14 - 6:00 p.m. Aug. 15**  
Mode of Transportation to and from Event: **Privately Owned Vehicles**

I am legally responsible for any personal actions. I agree on behalf of myself, my heirs, successors, and assign to hold harmless and defend Holy Angels Parish, its officers, directors, agents, and the Diocese of San Angelo from any liability for illness, injury or death arising from or in connection with attending the above named event, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of San Angelo, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

If I need to be sent home for medical or disciplinary reasons, I will be responsible for expenses.

**ADULT MEDICAL CONSENT AND PERMISSION TO TREAT**

To the best of my knowledge, I, \_\_\_\_\_ am in good health, and I assume all responsibility for my health. In the event of an emergency, I give permission to transport me to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please include a photocopy of your Insurance Card, front and back.**

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

I am taking medication and will bring all medications with me and it will be clearly labeled. I am taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows:

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

Please explain allergies, physical limitations: \_\_\_\_\_

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

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