ADULT LIABILITY WAIVER

Each adult participant, volunteer, driver, group leader and Chaperone, must sign this form.

Parish/School: Holy Redeemer Catholic Church
Nature of Activity: Pool Party
Date: Tuesday, July 9th, 2024
Duration: 6:30 p.m. to 8:30 p.m.

RELEASE OF LIABILITY, INDEMNIFICATION AGREEMENT & MEDICAL RELEASE

I, _____, agree on behalf of myself, my heirs, assigns, executors,
Print Full Name
and personal representatives, to hold harmless, and defend Holy Redeemer Catholic Church, the Diocese of New Ulm, its officers, directors, agents, employees and representatives ("Releasees") associated with the Activity from any and all liability claims, injury, loss and damage arising from or in connection with my participation in the Activity.

Further, I AGREE to hold Releasees harmless and indemnify Releasees for any claim or cause of action whatsoever, including but not limited to all claims relating to communicable disease, arising out of the above Activity which takes place during the above identified dates that is brought against Releasees by myself or my family members, heirs, assigns, executors, and personal representatives unless such claims arise from the negligence of Releasees and is not a communicable disease claim.

I UNDERSTAND that participation in the described activity involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.

EMERGENCY MEDICAL TREATMENT: If 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 and/or other health conditions: _____
_____
_____

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: _____

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS AN AUTHORIZATION FOR MEDICAL TREATMENT, INDEMNIFICATION AGREEMENT AND 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.

_____ _____
Signature Date