

FIELD TRIP
ADULT LIABILITY WAIVER
(Leaders and/or chaperones)

I, _____ agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend _____ School/Parish/Institution, and the Archdiocese of Mobile, its officers, directors, employees, or representatives associated with the field trip from any and all liability claims, loss or damage arising from or in connection with my participation in the field trip.

Signature: _____ **Date:** _____

Medical Matters: I hereby warrant that to the best of my knowledge, I am in good health.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment.

Specific Medical Information that may impact medical treatment: _____

In the case of an emergency contact:

Emergency contact person: _____

Emergency Contact's Cell Phone: _____ Other Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Printed Name: _____