

DIOCESE OF ALLENTOWN
ADULT PARTICIPATION FORM & RELEASE

Participant's name _____

Birth date: _____ Sex: _____

Home address: _____

Home phone: _____ Business phone: _____

I, _____, agree and understand that I assume the risks inherent in the field trip or other activity outside of my child's school, and with full knowledge of the risks, I, and my heirs, successors and assigns, release and agree to hold harmless and defend _____ Charitable Trust,

(Name of parish/school)

The Diocese of Allentown, Most Reverend Alfred A. Schlert, D.D., J.C.L. the Roman Catholic Diocese of Allentown Charitable Trust, and all of their respective members, trustees, directors, officers, employees and representatives, including chaperones, volunteers or any other representatives associated with that activity (all of whom are separately and collectively referred to as the Diocese) from claims from or related to my participation, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such injury or damage, unless such claim results from the negligence of the Diocese.

Description of trip:

Type of event: _____

Destination of event: _____

Estimated time of departure and return: _____

Travel information (airline, flight numbers, bus or train information): _____

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

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

Name & Relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Medical Insurance Information:

Health Plan Carrier: _____

Policy #: _____

I.D. #: _____

Specific Medical Information: The parish/school should be aware of the following medical conditions. (The parish/school will take reasonable care to see that the following information will be held in confidence.)

Allergic reactions (medications, foods, plants, insect, etc.): _____

Physical limitations or other special medical conditions: _____

I have read carefully this entire (page 1) Adult Participation Form and Release and agree to its terms and intend to be bound hereby.

Participant's signature: _____ Date: _____