

## Adult Release and Waiver of Liability

**Diocese of Lubbock and/or Parish of \_\_\_\_\_  
Office of Youth Ministry Release of Liability and Medical Release Form**

Adult Participant's Name: \_\_\_\_\_

Parish: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I agree on behalf of myself, my heirs, successors, and assign to hold harmless the Diocese of Lubbock, the parish of \_\_\_\_\_ youth ministry program, their officers, directors, and agents from any liability for illness, injury or death arising from or in connection with my attending youth ministry events beginning the 1st day of January, 2010 through the 31st day of December, 2010.

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all court costs, reasonable attorneys fees and expenses incurred by the prevailing party.

In the event that 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: \_\_\_\_\_

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

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

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

Day Time Phone Numbers: \_\_\_\_\_ Night Time Phone Number: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

\_\_\_\_\_  
*Signature*\_\_\_\_\_  
*Date*