

ADULT VOLUNTEER LIABILITY WAIVER

Each adult volunteer, participant, including group leaders and chaperones, must sign this form.

RELEASE OF LIABILITY/MEDICAL RELEASE

Event Information:

Type of event: _____ Date of event: _____

Destination of event: _____

Individual(s) or Organization in charge: _____

Estimated of departure and return: _____

Mode of transportation to and from event: _____

I, _____, agree on behalf of myself, my heirs, assigns, Full Name executors, and personal representatives, to hold harmless and defend VEYM Canada, parish, Diocese, Archdiocese, their officers, directors, employees, agents, chaperones, leaders or representatives associated with the event, from any claim arising from or in connection with attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the VEYM Canada, parish, Diocese, Archdiocese, their officers, directors, employees, agents, chaperones, leaders or representatives associated with the event for all legal fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the VEYM Canada, parish, Diocese, Archdiocese.

It is understood that I will obtain travel insurance coverage for my trip and that I shall obtain adequate medical, personal health, dental and accident insurance coverage, as well as protection of personal possessions.

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.

In case of an emergency and permission for treatment beyond emergency procedures, please refer to emergency contact information provided with the registration.

Signature

Date

Print name