

ADULT LIABILITY WAIVER

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

Event: Spiritual Exercise Silent Retreat Tabor V – May 3-5, 2019

RELEASE OF LIABILITY/MEDICAL RELEASE

I, _____, agree on behalf of myself, my heirs, assigns, executors, and

Full Name

personal representatives, to hold harmless and defend

Our Lady of Viet Nam _____, Diocese of Hamilton, its officers, directors, agents, employees,

Parish

or representatives from any and all liability for illness, injury or death arising from or in connection with my participation in the trip.

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: _____

Daytime Phone: _____ Night time phone: _____

OHIP # _____

Signature

Date

Print name