

EVENT RELEASE FOR ADULT

Adult Participant Event Release Form

Please fill out this form for anyone who is age 18 (out of high school) and older.

PARISH/SCHOOL: _____ CITY: _____

CONTACT INFORMATION

PARTICIPANT: _____ DATE OF BIRTH: _____

<input type="checkbox"/> MALE
<input type="checkbox"/> FEMALE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MOBILE PHONE: _____ HOME PHONE: _____

EMAIL: _____

EVENT INFORMATION

EVENT: _____

EVENT DATE: _____ EVENT TIME: _____

EVENT LOCATION: _____

ESTIMATED DATE/TIME OF DEPARTURE: _____

ESTIMATED DATE/TIME OF RETURN: _____

INDIVIDUAL IN CHARGE: _____

MODE OF TRANSPORTATION TO AND FROM EVENT: _____

HOLD HARMLESS/LIABILITY WAIVER

I, the above named "PARTICIPANT" agree on behalf of myself, my heirs, successors, and assigns, to hold harmless and defend the above "PARISH/SCHOOL", its officers, directors, employees, chaperones, and agents, and the Diocese of La Crosse, its officers, directors, employees, chaperones, and agents from any claim arising from or in connection with PARTICIPANT's attendance, enrollment or participation in any program, school, activity or event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith.

Additionally, the above named PARTICIPANT agrees to protect, defend, hold harmless and fully indemnify the above named PARISH/SCHOOL, its officers, directors, employees, chaperones, and agents and the Diocese of La Crosse, its officers, directors, employees, chaperones, and agents for any claim or cause of action whatsoever arising out of the above mentioned PARTICIPANT's attendance, enrollment, or participation in any program, parish/school, activity or event that is brought against PARISH/SCHOOL, its officers, directors, employees, chaperones, and agents, and the Diocese of La Crosse, its officers, directors, employees, chaperones, and agents by the above named PARTICIPANT, my heirs, successors, and assigns whether such claim arises from the alleged negligence of the PARISH/SCHOOL, its officers, directors, employees, chaperones, and agents, and the Diocese of La Crosse, its officers, directors, employees, chaperones, and agents negligence. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

I acknowledge that I have previously completed the "COMPREHENSIVE RELEASE & MEDICAL FORM FOR ADULTS" providing medical information, permissions, authorizations and releases. I hereby reaffirm any and all such disclosures, permissions, authorizations and releases as though stated herein.

SIGNATURE: _____ DATE: _____