



Catholic Diocese of Sioux Falls



ADULT LIABILITY WAIVER

Each adult participant (age 18 and over), must sign this form.

PARISH: Holy Spirit Parish 3601 E Dudley Lane Sioux Falls SD 57103

EVENT: Pilgrimage Spain, France, and Portugal **DATE(S) of EVENT:** June 13th to June 26th 2023

Full Legal Name

I, _____ agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend the parish or school named above, the Catholic Diocese of Sioux Falls, its officers, directors, agents, employees, or representatives from any and all liability for illness, injury or death arising from or in connection with my participation in the event described above.

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 emergency and for permission for treatment beyond emergency procedures, please contact:

Name: _____ Relationship to me: _____

Daytime Phone: _____ Alternative Phone: _____

Health Insurance Carrier: _____

Insurance ID Number: _____

Signature:

Date: