

Pilgrimage Attendance Release of Liability

Adult Liability Waiver

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

Full Name (please print)

executors, and personal representative, to hold harmless and defend St. Pius X Church, the Catholic Daughters of the Americas, CDA Court Cedar Rapids #1768, its officers, directors, agents, employees, or representatives associated with the pilgrimage from any and all liability claims, loss or damage arising from or in connection with my participation in the pilgrimage.

Signature: _____ **Date:** _____

I hereby warrant that to the best of my knowledge, I am in good health, and I assume all responsibility for my health and any medical bills incurred. You should be aware of these special medical conditions:

Signature: _____ **Date:** _____

EMERGENCY MEDICAL INFORMATION (OPTIONAL)

Emergency Contact: _____ **Phone:** _____

Doctor: _____ **Phone:** _____

Health Plan Carrier: _____ **Policy #:** _____

The Catholic Daughters Court Cedar Rapids #1768 will take reasonable care to see that the foregoing information will be held in confidence.