



ADULT LIABILITY ACKNOWLEDGEMENT

Nature of Activity: _____

Date: _____

Duration: _____

**RELEASE OF LIABILITY, INDEMNIFICATION AGREEMENT
& MEDICAL RELEASE**

I, _____, agree on behalf of myself, my heirs, assigns,
Print Full Name

executors, and personal representatives, to hold harmless, and defend the **Church of the Annunciation and Catholic School** the Archdiocese of Saint Paul and Minneapolis, its officers, directors, agents, employees and representatives (“Releasees”) associated with the Activity from any all liability claims, injury, loss and damage arising from or in connection with my participation in the Activity.

Further, I AGREE to hold Releasees harmless and indemnify Releasees for any claim or cause of action whatsoever arising out of the above Activity which takes place during the above identified dates that is brought against Releasees by myself or my family members, heirs, assigns, executors and personal representatives.

I UNDERSTAND that participation in the described activity involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.

EMERGENCY MEDICAL TREATMENT: 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 and/or other health conditions:

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: _____

Relationship to me: _____

Daytime Phone: _____ Night time phone: _____

Health Insurance Carrier: _____

Insurance ID Number: _____ Insurance Policy Number: _____

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.

Signature

Date