

ADULT FORM B

**DIOCESE OF COVINGTON
CONSENT FORM AND LIABILITY WAIVER**

Participant's Name _____

Birth Date _____ Sex _____

Home Address _____

Home Phone _____ Business Phone _____

I agree on behalf of myself, my heirs, successors, and assigns, to hold harmless and defend (name of parish) _____, its officers, directors and agents, and the Diocese of Covington, chaperons, or representatives associated with the activity as described herein for any claim or damages to any property, arising from or in connection with my attendance at the activity or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents and the Diocese of Covington, chaperons, or representative associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature _____ Date _____

ACTIVITY INFORMATION

Activity _____ Date _____ Cost \$ _____

Location _____ Phone (emergency) _____

Starting Time _____ Meeting Place _____

Ending Time _____ Meeting Place _____

Type of Transportation _____ Contact Person _____ Phone _____

Other Information _____

MEDICAL INFORMATION

PLEASE PRINT

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Medical Insurance Company _____ Policy Number _____

Member's Name _____ Home Phone _____ Work Phone _____

Family Doctor _____ Phone _____