



101 W. Airport Rd., Romeoville, IL 60446

ADULT LIABILITY WAIVER AND MEDICAL INFORMATION FORM

Please Print:

Name: _____

Address: _____
Street City Zip

Day Phone (Including area code) Evening Phone (Including area code)

In case of an emergency, please notify _____
Print Name

Day Phone (Including area code) Evening Phone (Including area code)

Allergic to medication/other? No _____ Yes _____

If yes, Please describe: _____

Insurance Information:

Policy in the name of: _____

Insurance Company: _____

Identification Number: _____

Authorization Physician: _____

Physicians Phone Number: _____

I, _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend _____, _____
Parish/School

The Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in the trip.

In the event that I should require medical treatment and I am not able to communicate my desires to attend physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered,

Signature _____ Date _____