## ADULT RELEASE OF LIABILITY AND MEDICAL INFORMATION

## **Diocese of Saint Augustine**

I,		, fo	and in consideration of b	eing permitted to
(prin	t your name)			
participate in the	Steubenvil (print name of activ		etc.)	program on
7/17 - 7/ <sup>-</sup>	19 ,20 15 on r	my behalf ar	nd that of my personal repre	esentatives, assigns,
(print date or dat	e range of event)	5		
of the Diocese of Sa program and this e representatives or ass or death, caused by no of its activities, or tra this release, waiver an Florida, and that if an continue in full legal give permission to th	int Augustine, a corporation vent, all volunteers, chapero igns, for any loss or damage o egligence of the released partie insportation to and from the abo indemnity agreement is inter by provision of this agreement force and effect. In the event o e release parties for myself to surgical treatment. I further	sole, Bishop ones, employe on account of a es or otherwise ove noted prog ended to be as t is held invali of any emergen b be transporte	iocese of Saint Augustine, Felip Felipe J. Estévez, individually ees and agents of said partie ny injury to the person or perso e, while I am engaged in the abo gram or activities of the program broad and inclusive as permitted d, it is agreed that the balance icy, which requires medical or o d to a hospital or like facility fo for any and all expenses incurr	, all organizers of this as and, their personal nal property of myself, ve stated program, any n. I expressly agree that d by the laws of State of shall, notwithstanding, ther attention, I hereby or emergency medical,
WITNESS	DATE		SIGNATURE	DATE
	MEDIC	AL INFOR	RMATION	
Name:			Birth date:	
			City:	
			Cell Phone ()_	
In case of emerge				
Name:	Phone: (	)	Relationship:	
Name:	Phone: (	)	Relationship:	
			Telephone No.: (	
(Attach copy of in	nsurance card)	Insurance P	olicy No.:	
List Current Med	ications/Dosages			