

Camp St. Joseph, 2015

*Adult Liability Waiver & Medical Release*

***Release of Liability / Medical Release***

I, \_\_\_\_\_, agree on behalf of myself, my heirs, assigns, executors and personal representatives, to hold harmless and defend St. Joseph Parish, of the Diocese of Richmond, its officers, directors, agents, employees, or representatives from any and all liability for illness, injury or death arising from or in connection with my participation in Camp St. Joseph, 2015. I understand and accept that there is a level of risk in all of the normal activities of Camp St. Joseph, 2015.

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:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

**In case of an emergency**

For permission for treatment beyond emergency procedures, please contact:

Name and Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Nighttime phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

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