

# Adult Liability Waiver

**Participant's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_  
**Home Address** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
Date of Event \_\_\_\_\_ Event \_\_\_\_\_ Destination \_\_\_\_\_  
Mode of Transportation \_\_\_\_\_ Estimated time of Departure and Return \_\_\_\_\_  
Individual(s) in charge \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

I, \_\_\_\_\_ agree on behalf of myself, my heirs, assigns, executors and personal representatives, to hold harmless and defend the Church of Saint Paul, the Archdiocese of Saint Paul and Minneapolis, its officers, directors, agents, employees, or representatives associated with the event from any and all liability claims, loss or damage arising from or on connection with my participation in the event.

I have cleared the background check YES / NO

I have attended the VIRTUS training session YES / NO

I have read and signed the Volunteer Code of Conduct YES / NO

I have filled out the Driver's Information Form (if driving) YES / NO

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

**Health Insurance Co.** \_\_\_\_\_ **Policy/ID #** \_\_\_\_\_

**Primary Card Holder** \_\_\_\_\_ **Family Health Plan Carrier/Group #** \_\_\_\_\_

In the event of an emergency please contact:

**Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

## Health Information (optional):

List Medications Here: \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Allergic Reactions (medications, foods, plants, insects, etc.) \_\_\_\_\_

Immunizations \_\_\_\_\_ Does you have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Have you been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? \_\_\_\_\_

If yes, date and disease or condition: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

## Driver Information (if driving):

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

### **Vehicle that will be used**

Name of Owner \_\_\_\_\_ Model of Vehicle \_\_\_\_\_

Make of Vehicle \_\_\_\_\_ Year of Vehicle \_\_\_\_\_

Address of Owner \_\_\_\_\_

License Plate # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

### **Insurance Information**

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Date of Policy Expiration \_\_\_\_\_ Liability Limits of Policy \_\_\_\_\_

Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000

### **Certification**

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport participants of the event.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_