

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** _____