



# Diocese of Great Falls-Billings

## Events, Travel, and Permission Policy

Each adult participant, including group leaders and chaperones, must sign this form.

### Adult Release of Liability/Medical Release

I, \_\_\_\_\_, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend The Diocese of Great Falls-Billings, its Catholic schools, its Catholic parishes, its officers, directors, agents, employees, or representatives associated with the event from any and all liability claims, loss or damage arising from or in connection with my participation in \_\_\_\_\_.

Write in the event

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 (this information will be held in confidence and will only be shared in case of an emergency): \_\_\_\_\_

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name