

**Espirito Santo School, 143 Everett Street, Fall River, MA 02723**  
**Diocese of Fall River**  
**FIELD TRIP**

**ADULT LIABILITY WAIVER**

In addition to the Field Trip Health Information/Release form, each adult participant, including group leaders and chaperones, must sign this form.

**RELEASE OF LIABILITY**

I, \_\_\_\_\_, agree on behalf of myself, my heirs, assigns,  
Full Name

executors, and personal representatives, to hold harmless and defend

**Espirito Santo School, Diocese of Fall River**, its officers,  
School Diocese

directors, agents, employees, or representatives associated with the field trip from any and all liability claims, loss or damage arising from or in connection with my participation in the field trip.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

**EMERGENCY CONTACT/INSURANCE INFORMATION**

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

Name: \_\_\_\_\_

Relationship to Me: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Night time Phone: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Print Name