

Wisconsin Way Adult Liability Waiver

A personal ministry of Fr. Andrew J. Kurz

RELEASE OF LIABILITY/MEDICAL RELEASE

I, _____, agree on behalf of myself, my heirs, assigns,

Full Name

executors, and personal representatives, to hold harmless and defend any parish or institution that I will be visiting, the Diocese of Green Bay, 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 the trip that I will be participating in the month of _____ in the year of 20__ A.D.

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:

My Contact Info:

Cell Phone: _____ Home Phone: _____

Email Address: _____

Emergency Contact

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: _____

Signature

Date

Print name

Mail to:

Fr. Andrew J. Kurz

St. Paul's Parish

622 South Beach Street Plainfield, WI. 54966-9637