Wisconsin Way Adult Liability Waiver

A personal ministry of Fr. Andrew J. Kurz

We require a **non refundable deposit of 50 dollars** to help keep the pilgrimages full. This is to cover gas, groceries, and minimal donations for the chapels where we have Mass. **This does not include** the stay at Holy Resurrect Monastery and the meals that are on your own. This really only covers most of our operating costs. Those who are familiar with this pilgrimage know that this amount is close to what we would additionally ask for while on other pilgrimages.

Checks should be sent with this waiver form and made out to Fr. Andrew Kurz who will cash them and bring that cash with him on the pilgrimage.

RELEASE OF LIABILITY/MEDICAL RELEASE

I,, ag	ree on behalf of myself, my he	irs, assigns,		
Full Name				
executors, and personal represany parish or institution that I semployees, or representatives connection with my participation the year of 20_ A.D. In the event that I should requiattending physicians or other rebe administered.	will be visiting, the Diocese of from any and all liability for ill on in the trip that I will be part ire medical treatment and I an	Green Bay, its ness, injury or icipating in the	death arising from or e month of ommunicate my desir	r in res to
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	or permission for treatment be	yond emergen	cy procedures, pleas	e contact:
Name:				
Relationship to me:				
Daytime Phone:	Night time phone:			
Health Insurance Carrier:				
Insurance ID Number:	Insurance Policy Num	ber:		
Signature		Date		
Print name				

Mail to: Fr. Andrew J. Kurz St. Paul's Parish 622 South Beach Street Plainfield, WI. 54966-9637