



## ROMAN CATHOLIC DIOCESE OF SPRINGFIELD

65 Elliot Street – P.O. Box 1730  
Springfield, MA 01102-1730  
(413) 732-3175

### ADULT ACTIVITY PARTICIPATION AND LIABILITY WAIVER FORM

*(Please print or type all information, except signatures)*

Event Name, Date & Location: \_\_\_\_\_

Event Sponsor (Parish/School/Cemetery): \_\_\_\_\_

#### I. Contact Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F T- Shirt Size (if applicable): S M L XL 2X 3X

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parish/School/Cemetery (group you are registered with): \_\_\_\_\_

*Note: All areas utilized are not ADA accessible. Contact your Event Leader for special arrangements.*

**Circle ALL that apply:** Mobility Impaired    Hearing Impaired/Interpretation Needed  
Wheelchair Access    Visually Impaired (more than wearing glasses)

#### II. Agreement to Comply with Event Rules and Regulations

I understand that my participation in this Event requires compliance with specific regulations for this Event. I agree to abide by all rules and regulations set forth. Any infraction of the rules or regulations, including, but not limited to, the possession of alcohol, drugs, or weapons may cause my dismissal from the Event.

#### III. Photo/Video Release

I understand that photographs or video may be taken at this Event and may be used in Parish, School, Cemetery or Diocesan publications, and I consent thereto.

#### IV. Medical Information

*(Please read the options below, check those that are in accordance with your wishes and situation and sign below.)*

☐ I certify that I am physically fit and adequately prepared to participate in this Event.

☐ In the event of an emergency, I hereby grant permission to transport me and obtain emergency medical or surgical treatment(s) from a licensed physician, hospital, or medical clinic. I hereby authorize medical personnel to release necessary information about my care to the parish or school group leaders(s) named here:

In the event of an emergency, please contact \_\_\_\_\_ at \_\_\_\_\_.  
(Emergency Contact Name) (Emergency Contact Phone Number)

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

My Physician: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

*(Please check one of the following)*

☐ I am covered by hospitalization and medical insurance under policy # \_\_\_\_\_ issued by

\_\_\_\_\_.

☐ I do not have medical coverage and I assume responsibility for the cost of hospitalization and medical care for myself.

**V. Release, Hold Harmless/Indemnify Agreement**

I am 18 years of age or older. I understand that there is the potential risk of serious injuries to me from participating in this Event. In consideration for being allowed to participate by the above named Parish/School/Cemetery, I hereby assume all risk of accident or harm to myself arising out of, directly or indirectly, any incident of any kind occurring during the course of, including travel to and from, this Event, and do hereby release and discharge the Roman Catholic Bishop of Springfield, A Corporation Sole, the above named Parish/School/Cemetery, and their officers, directors, agents, employees, administrators, representatives, grantees and assigns (collectively referred to as "Releasees"), of and from all debts, demands, actions, causes of action, suits, accounts, covenants, contracts, agreements, costs, fees, expenses, losses, damages and any and all claims and liabilities whatsoever of every name and nature, both in law and in equity, whether known or unknown, that I have ever had, now have, or may hereafter have, against the Releasees relating to or arising out of this Event. I further agree to protect, defend, hold harmless, and fully indemnify the Releasees for any claim or cause of action whatsoever relating to or arising out of my participation in this Event that may be brought against the Releasees, or any one of them, by any person, or entity, including without limitation, myself and members of my family.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Return completed form to:** \_\_\_\_\_ **by:** \_\_\_\_\_