

CATHOLIC MUTUAL
DIOCESE OF SAN BERNARDINO

(NAME OF EVENT)
ADULT PERMISSION / RELEASE FORM

PARISH _____

I, _____ request that I be allowed to participate in the

(Name of event)

for the _____
(Diocese or Parish Name)

which will be held at _____
(Place of event)

On _____
(Date of Event).

My Social Security # *(Optional)*: _____

My Birth Date: _____

In consideration for making the arrangements for this activity, we hereby release and save harmless the Diocese, Parish, their employees, officers and agents from any and all liability, suits, causes and claims arising to me as a result of, or in connection with, this activity.

***IN CASE OF INJURY OR RELATED EMERGENCY, I AUTHORIZE THAT FIRST AID BE ADMINISTERED TO ME BY A PERSON QUALIFIED TO RENDER SUCH SERVICE, IF DEEMED NECESSARY.**

Please note allergies, special conditions:

***I understand that any insurance benefits that are effective have limited application and I have attached a copy of my health insurance card.**

Signature **Date**

Contact person in case of emergency:

Name: _____

Phone Number: _____