

**DIOCESE OF ALLENTOWN
ADULT PARTICIPATION FORM & RELEASE**

Participant's name _____

Birth date: _____

Home address: _____

Home phone: _____ Business phone: _____

I, _____, agree and understand that I assume the risks inherent in the field trip, and with full knowledge of the risks, I, and my heir, successors and assigns, agree to release and to hold harmless and defend TRINITY ACADEMY, and the Diocese of Allentown, Bishop John O. Barres, D.D., S.T.D., J.C.L. and all of their employees and representatives, including chaperones, volunteers or any other representative associated with the trip (all of whom are collectively referred to as the Diocese) from claims from or related to my participation, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

Description of Trip:

Type of event: _____

Destination of Event: _____

Estimated time of departure and return: _____

Travel Information: _____

Medical Matters: I hereby warrant that to the best of my knowledge, I am in good health, and I assume responsibility for my health.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to be transported to a hospital for emergency medical or surgical treatment. In the event of an emergency, contact:

Name & Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Medical Insurance Information:

Health Plan Carrier: _____

Policy #: _____ I.D. # _____

Specific Medical Information: The school should be aware of the following medical conditions. (The school will take responsible care to see that the following information will be held in confidence.)

Allergic reactions (medications, food, plants, insect. etc.): _____

Physical limitations or other special medical conditions: _____

I have read carefully this entire Adult Participation Form and Release and agree to its terms and intent to be bound hereby.

Participant's signature: _____ Date: _____