

ADULT FORM G

**DIOCESE OF COVINGTON
CONSENT FORM AND LIABILITY WAIVER**

Participant's Name _____ Birth Date _____ Sex _____
Home Address _____
Home Phone _____ Business Phone _____

I agree on behalf of myself, my heirs, successors, and assigns, to hold harmless and defend **(name of parish)** _____, its officers, directors and agents, and the Diocese of Covington, chaperons, or representatives associated with the activity as described herein for any claim or damages to any person or property, arising from or in connection with my attendance at the activity or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents and the Diocese of Covington, chaperons, or representative associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature _____ Date _____

ACTIVITY INFORMATION

Activity: NCYC Date: Nov. 21 – 23, 2019
Location Indianapolis, IN Phone (emergency) _____
Starting Time: Thurs. Nov. 21, 2019 AM Meeting Place: _____
Ending Time Sat. Nov. 23, 2019 AM Meeting Place: _____
Type of Transportation: Bus
Contact Person: Isaak A. Isaak Phone 859 392-1500 –x-1529
Other Information _____