



# Ladies' Day Out

(Visit Sisters Servants of the Lord and the Virgin of Matara Convent in Upper Marlboro and return for Dinner at OLHOC)

April 15, 2018 (1 pm - 6:30 pm)

## LIABILITY WAIVER (ADULT)

### RELEASE OF LIABILITY

I, \_\_\_\_\_ agree on behalf of myself, my heirs, assigns, Executors, and personal representatives, to hold harmless and defend (Parish) **Our Lady Help of Christians**, the Archdiocese of Washington, its officers, directors, agents, employees, representatives associated with the field trip: Ladies' Day Out (Visit Sisters Servants of the Lord and the Virgin of Matara Convent in Upper Marlboro and return for Dinner at OLHOC) April 15, 2018 (1 pm - 6:30 pm) from any and all liability claims, loss or damage arising from or in connection with my participation in the field trip.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## RELEASE AND CONSENT FORM (Adults)

I give hereby grant permission to OYM/CYO Archdiocese of Washington, OLHOC to use any photographs and quotations taken of me during Ladies' Day Out (Visit Sisters Servants of the Lord and the Virgin of Matara Convent in Upper Marlboro and return for Dinner at OLHOC) April 15, 2018 (1 pm - 6:30 pm) to assist in community awareness, educational efforts, related public relations purposed that my include brochures, posters, website and print media. I agree to abide by all rules and regulations as outlined in the Code of Behavior.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### MEDICAL INFORMATION (Please Print!)

I am allergic to (medication/ food/ other):

Any other medical information you want to provide:

### In the event of an emergency, please provide all necessary information about insurance:

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Benefit/Plan/Group# \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to adult: \_\_\_\_\_