

**ADULT HOLD HARMLESS/INDEMNITY AGREEMENT**

PARISH OR SCHOOL: St. John XXIII Parish\_\_\_\_\_

NAME OF ACTIVITY PARTICIPANT(s): \_\_\_\_\_

DATES OF ACTIVITY OR USAGE: December 22, 2017 from 8:30am -11:30am

TYPE OF ACTIVITY OR USAGE: Salvatorian Mission Warehouse Service Project

Transportation: N/A

The above named ACTIVITY PARTICIPANT agrees to defend, protect, indemnify and hold harmless the above named PARISH OR SCHOOL against and from all claims arising from the negligence or fault of the above named ACTIVITY PARTICIPANT or any of their agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above named ACTIVITY OR USAGE at the above named PARISH OR SCHOOL.

I understand that the PARISH OR SCHOOL do not provide any health, accident, or disability insurance for ACTIVITY PARTICIPANT. I certify that I have adequate health and disability insurance that will respond to any illness or injury that may occur during the Activity.

Additionally, the above named ACTIVITY PARTICIPANT agrees to protect, defend, hold harmless and fully indemnify the above named PARISH OR SCHOOL for any claim or cause of action whatsoever arising out of the above mentioned ACTIVITY OR USAGE which takes place during the above identified DATE(S) OF ACTIVITY OR USAGE that is brought against the PARISH OR SCHOOL by the above named ACTIVITY PARTICIPANT or their family members whether such claim arises from the alleged negligence of the PARISH OR SCHOOL, its employees or agents. or ACTIVITY PARTICIPANT’s negligence.

SIGNED BY: \_\_\_\_\_

PRINTED NAME(s): \_\_\_\_\_

DATE: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission for my transport to a hospital or clinic for emergency medical treatment.

**In the event of an emergency, please contact:**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please furnish personal medical information which may be pertinent to your participation in the above-identified activity or helpful to responders in the event of a medical emergency. \_\_\_\_\_

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