



****Please bring this form with you in order to workout****

ADULT LIABILITY WAIVER AND MEDICAL INFORMATION FORM

Please Print:

Name: _____

Email: _____

Address: _____
Street City Zip

Day Phone (Including area code) _____

In case of an emergency, please notify _____
Print Name

Day Phone (Including area code) _____

Allergic to medication/other? No _____ Yes _____

If yes, Please describe: _____

Physicians Phone Number: _____

I, _____, agree on behalf of myself, my heirs, assigns, next of kin, executors, and personal representatives, to hold harmless and defend Notre Dame Catholic Church, Clarendon Hills, IL, the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in any fitness workout sponsored by Notre Dame, Clarendon Hills, IL, today and on any future workout dates, either on church grounds or in the surrounding area. I also attest I am qualified, in good health and in proper physical condition to participate in the workout. I further agree and warrant that if at any time I believe conditions to be unsafe or my health at risk, I will immediately discontinue further participation in the fitness workout activity sponsored by Notre Dame. I also know the risks involved in working out, and I assume the risk of social and economic losses, either not known to me or not readily foreseeable at this time, and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation in today's and any future workout sessions sponsored by Notre Dame Catholic Church.

In the event that I should require medical treatment and I am not able to communicate my desires to attend physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered,

Signature _____ Date _____