

**Wisconsin Way Adult Liability Waiver**  
A personal ministry of Fr. Andrew J. Kurz

**RELEASE OF LIABILITY/MEDICAL RELEASE**

I, \_\_\_\_\_, agree on behalf of myself, my heirs, assigns,  
Full Name  
executors, and personal representatives, to hold harmless and defend  
any parish or institution that I will be visiting, the Diocese of Green Bay, its officers,  
directors, agents, employees, or representatives from any and all liability for illness,  
injury or death arising from or in connection with my participation in the trip that I will be  
participating in the month of \_\_\_\_\_ in the year of 2015 A.D.  
In the event that I should require medical treatment and I am not able to communicate  
my desires to attending physicians or other medical personnel, I give permission for the  
necessary emergency treatment to be administered.

Please advise the doctors that I  
have the following allergies: \_\_\_\_\_  
\_\_\_\_\_

In case of an emergency and for permission for treatment beyond emergency  
procedures, please contact:

Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Night time phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print name

Mail to:

Fr. Andrew Kurz  
5930 Humboldt Road  
Luxemburg, WI 54217