



Adult Consent Form & Liability Waiver

(This form is required for chaperones or adult participants to attend an off property event or trip).

This form is to be completed by individuals 18 years of age and older (not in high school). For individuals 18 years of age or older and in high school, the Parental/Guardian Consent Form & Liability Waiver must be completed.

APPLICANT INFORMATION

Participant's Name _____

E-mail Address _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Physician's Name _____ Phone _____

Adult's E-mail Address _____

Last 4 Digits of Social Security Number _____

Event & Location HOPE Adoption Center Visit, 1465 Cypress Ave, Melbourne, FL 32935

Date & Time November 6, 2022 3:00 PM

Transportation not provided

Transportation provided

Method of transportation N/A

In signing the line below, I certify all the information on the trip form is complete and accurate, I also agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations for this event, I understand there will be consequences for my actions which could include my being asked to leave the event. By consenting to the use of an electronic signature, I am agreeing to the rights and obligations in this *Adult Consent Form & Liability Waiver*. I can obtain a copy of the electronically signed *Adult Consent Form & Liability Waiver* by requesting a copy from the Our Lady of Lourdes Catholic Church
(Parish/Diocese/School) where I submitted the document. If I prefer, I can, by printing the document, obtain a paper copy of the *Adult Consent Form & Liability Waiver*, sign it by hand, and deliver it to

Our Lady of Lourdes Catholic Church
(Parish/Diocese/School)

I can withdraw my consent to *Adult Consent Form & Liability Waiver* by notifying

Our Lady of Lourdes Catholic Church
(Parish/Diocese/School)

in writing. Consent cannot be withdrawn for HOPE Adoption Center Visit
(event)

once HOPE Adoption Center Visit
(event)

has commenced. If I withdraw my consent, I and/or my child will not be able to attend

HOPE Adoption Center Visit
(event)

Even if consent is withdrawn, I understand I may still be liable for the

N/A
(cost of the event OR fees already incurred)

Signature

Date