

EMERGENCY CONTACT AND RELEASE FORM
ARCHANGEL EVENTS & TOURS

ST. RAPHAEL PARISH
525 Dover Center Road
Bay Village, Ohio 44140

Coverage Date: January – December 2025

PLEASE PRINT: (one for each participant)

Participant's Name:

Last_____ First_____

Address_____

City_____ State_____

Cell phone_____ Home phone_____

I, the undersigned, declare I am a voluntary participant of the Archangel activities and tours and hereby waive and release any and all rights and claims which I might have against St. Raphael Parish, Bay Village, Ohio, the Archangels Ministry, the Diocese of Cleveland, the transportation company hired by the Archangel Ministry for any particular tour and any of the Archangel tour leaders for any injuries sustained.

_____ **Check mark here** – I have authorized the Archangel Ministry to use this release for future events & tours in which I may participate through the dates noted above & I will advise the Ministry of any changes which may occur.

Signature:_____ Date:_____

EMERGENCY INFORMATION & CONTACTS

In the event of an emergency, please contact:

1. Name:_____ Phone:_____

2. Name:_____ Phone:_____

Primary Care Physician:_____Phone:_____

Medications and/or Allergies: