

EMERGENCY FORM

YOUR  
NAME: \_\_\_\_\_ DATE \_\_\_\_\_

In case of Emergency, please contact

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

If you have a disability or medical problem, please list attending physician or hospital, or both.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Any other pertinent information:

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INDEMNITY FORM

I, \_\_\_\_\_ hereby release the San Antonio Beginning Experience, The Shrine of Our Lady of Czestochowa and the Archdiocese of San Antonio from any liability for the weekend of \_\_\_\_\_.

In case of Emergency, please call

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_.

Significant Medical History

\_\_\_\_\_  
\_\_\_\_\_

Medication/Allergies \_\_\_\_\_

If you have a disability or medical problem, please list attending physician or hospital, or both:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_.

ADDRESS \_\_\_\_\_

Any other pertinent information

\_\_\_\_\_  
\_\_\_\_\_

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