

# Lewis University - Romeoville, IL

## ADULT LIABILITY WAIVER AND MEDICAL INFORMATION FORM 2025

**Please Print:**

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

Address: \_\_\_\_\_  
Street City Zip

\_\_\_\_\_ Day Phone (Including area code) Evening Phone (Including area code)

In case of an emergency, please notify \_\_\_\_\_  
Print Name

\_\_\_\_\_ Day Phone (Including area code) Evening Phone (Including area code)

Allergic to medication/other? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, Please describe: \_\_\_\_\_

**Insurance Information:**

Policy in the name of: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Authorization Physician: \_\_\_\_\_

Physicians Phone Number: \_\_\_\_\_  
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I, \_\_\_\_\_, agree on behalf of myself, my heirs, assigns, executors,

and personal representatives, to hold harmless and defend Lewis University, 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 the event.

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

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