



**Catholic Student Union  
at Florida State University  
Co-Cathedral of St. Thomas More**

## Personal Liability Form

I, \_\_\_\_\_ assume full responsibility for my own safety while I  
(full name)  
attend \_\_\_\_\_ on \_\_\_\_\_. I will not hold the Catholic Student  
(activity/event) (date of event)  
Union or the Diocese of Pensacola/Tallahassee responsible in case of accident or injury.

Signed: \_\_\_\_\_

Please print name: \_\_\_\_\_

Date: \_\_\_\_\_

**Emergency contact information** *(this information will be kept confidential)*

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

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_



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