

DIOCESE OF ORANGE



Office of Risk Management
Pastoral Center
13280 Chapman Avenue
Garden Grove, CA 92840
714-282-3092
FAX 714-282-4279

ADULT WAIVER AND RELEASE FORM

ACTIVITY _____

DATE AND PLACE _____

SCHOOL/PARISH _____

I wish to participate in the activity described above, and as a condition of my being allowed to do so, I, hereby, release and discharge the Diocese of Orange, its constituent organizations, including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, _____ and
(NAME OF SCHOOL/PARISH)

their officers, agents, employees and volunteers from any and all claims for personal injuries or property damage that I may suffer as a result of my participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive), of any of the entities or individuals named or described above.

I, hereby, warrant and represent that I am physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given me by a duly licensed medical doctor within the last six months, and I know of no change in my medical condition since receiving such advice that would affect the opinion of said medical doctor.

I agree to abide by the rules and regulations governing the above described activity and to obey any instructions given by the person or persons having supervision and control over the activity.

I, hereby, authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

I warrant and represent that I am eighteen years of age, or over, and upon request will produce satisfactory proof of such fact.

SIGNED _____ DATE _____

STREET ADDRESS _____

CITY _____ STATE ____ ZIP _____

PHONE _____ FAX _____ E-MAIL _____

FOR DIOCESAN EMPLOYEES ONLY:

My participation in this activity will be conducted on my own time and not on my time as an employee of _____. Further, this participation on my part is for my own personal benefit, is voluntary on my part, and is not as a result of any suggestion or direction of my said employer or anyone acting on its behalf. I am fully aware that any injury I may incur as a result of such participation will not be considered as a work-incurred injury, or one arising out of or in the course and scope of my employment.

SIGNED _____ DATE _____