

DIOCESE OF ORANGE
Adult Waiver & Release Form - Volunteer
(18 years and older)

Location: _____

Date(s): _____ Time: _____ Cost: _____

=====
(Please Print)

Participant's Name: _____

Home Phone: (____) _____ Work Phone: (____) _____

Date of Birth: _____

Physician: _____ Phone: (____) _____

Insurance Company: _____ Policy #: _____

Allergies/Medical Problems/Disabilities: _____

Person to notify in case of emergency: _____

Phone: (____) _____

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, _____ (Name of Parish) and their officers, 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 any activity described above, whether or not such injuries or damages are caused by the negligence (active and passive) of any of the entities, individuals named or described above.

I, hereby warrant and represent that I am physically fit and capable of participating in such activity. I make this warranty and representation on the basis of advise 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 the 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.

Signature: _____ Date: _____