

Roman Catholic Diocese of Orange  
Waiver and Release Form



CHURCH NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

Dates: \_\_\_\_\_ Event: \_\_\_\_\_ Location: \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

**PARTICIPANT INFORMATION**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

Primary Insured: \_\_\_\_\_

**EMERGENCY CONTACT (Adult)**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Notes: Allergies (Food or Medication)/Medical Issues/other (If none, state "None"): \_\_\_\_\_  
\_\_\_\_\_

I wish to participate in the above named event, 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 Catholic Bishop of Orange, a Corporation Sole, 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 the event described above, whether or not such injuries or damage are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I hereby authorize the making of photographs, motion pictures, video, 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 might otherwise have to limit or control such making or use.

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

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: \_\_\_\_\_