

Roman Catholic Diocese of Orange



Minor Waiver and Release Form

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

ADDRESS \_\_\_\_\_

Dates: \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

Event:

Location:

**PARTICIPANT INFORMATION**

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

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

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

Parents/Guardians Names: \_\_\_\_\_/\_\_\_\_\_

Father's Cell Phone: (\_\_\_\_) \_\_\_\_\_ Mother's Cell Phone:(\_\_\_\_) \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_ Policy No: \_\_\_\_\_

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

**EMERGENCY CONTACT (Adult)**

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

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

I/We the parent(s)/Guardian(s) of \_\_\_\_\_ give our permission for Him/her to participate in the above named event. I/We understand that as a "team member" our son/daughter will be supervised by an adult team member at all times. I/We, 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 their officers, employees and volunteers from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her 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/We, hereby authorize the making of photographs, motion pictures, video tapes, recordings or other memorializing of said event and the participants participation therein, and the publication or other use thereof. I/We, hereby waive any right to compensation therefore or any right that I/we might otherwise have to limit or control such making or use.

I/We, hereby give permission to the licensed care staff selected by the supervisory personnel then present to render the appropriate medical treatment deemed necessary. I/We, agree that in the event that the participant is injured as a result of his/her participation in the above named event, including transportation to and from these activities, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical treatment or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

The participant agrees to abide by the rules and regulations governing the event and to obey instructions given by the supervisor of the event.

I/We are not aware of any medical condition of the participant, which would render it inappropriate for him/her to participate in the event.

I/We, represent that we are the legal parents or guardians of the above named participant and represent that the information we have provided is both true and correct, to the best of our knowledge.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_