

**ADULT WAIVER & EMERGENCY RELEASE FORM FOR
OFFICE OF FAITH FORMATION VOLUNTEERS 2019-2020**

St. Hedwig Church - Office of Faith Formation (562) 296-9040

Participant & Emergency Information

Full Name: _____ Sex: M F

Date of Birth: _____ Shirt Size: _____ Fingerprinted: Y N

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

List any Allergies/Medical Issues/Anything else we should be aware of:

Emergency Contact Name: _____

Relationship: _____ Phone Number: _____

List any child(ren) you have in Faith Formation and the grade/program:

Name: _____ Grade: _____ Program: _____

Name: _____ Grade: _____ Program: _____

Name: _____ Grade: _____ Program: _____

Faith Formation Activity

Please select all the Faith Formation programs you are involved in: Bible Camp RCIA

SRE Grades 1-8 Youth Ministry Confirmation Other: _____

Adult Waiver & Release

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 St. Hedwig Catholic Church, 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.

Print Full Name

Signature

Date

This consent will remain active August 2019 through August 2020