



St. Patrick's Catholic Preschool

WAIVER AND RELEASE FORM

ACTIVITY AND PLACE:

ALL PRESCHOOL ACTIVITIES, INCLUDING THOSE IN AND AROUND THE PRESCHOOL, PLAYGROUND AREA, AND ON FIELD TRIPS. ALL FIELD TRIPS WILL BE WITHIN 30 MINUTES DRIVING TIME OF THE PRESCHOOL.

DATE:

AUGUST THROUGH JUNE OF THE CURRENT SCHOOL YEAR.

PARISH:

ST. PATRICK'S, ANGELS CAMP, CALIFORNIA

I WISH TO PARTICIPATE IN THE ACTIVITIES DESCRIBED ABOVE, AND AS A CONDITION OF MY BEING ALLOWED TO DO SO, I, HEREBY, RELEASE AND DISCHARGE THE DIOCESE OF STOCKTON, IT'S CONSTITUENT ORGANIZATIONS, INCLUDING BUT NOT LIMITED TO ST. PATRICK'S PARISH, IT'S PASTOR AND HIS OFFICERS, AGENTS AND EMPLOYEES, 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 TWENTY-ONE YEARS OF AGE, OR OVER, AND UPON REQUEST WILL PRODUCE SATISFACTORY PROOF OF SUCH FACT.

SIGNATURE OF PARENT/GUARDIAN

DATE