

THE ARCHDIOCESE OF SAN FRANCISCO

**WAIVER AND RELEASE FORM
RELATING TO INDIVIDUALS 18 AND OLDER**

ACTIVITY (Describe in detail, including transportation): Junior Apostolates for Christ Renewal # 120

Transportation to and from renewal is the responsibility of individual.

DATE AND PLACE:

February 2-4, 2018 at St. Paul of the Shipwreck Gym

PARISH: St. Paul of the Shipwreck

I wish to participate in the activity described above, and as a condition of my being allowed to do so, I hereby, to the extent permitted by law, release and discharge the Archdiocese of San Francisco, its constituent organizations, including but not limited to **St. Paul of the Shipwreck, Junior Apostolates for Christ**, and their officers, agents, and employees, from any and all claims for personal injuries or property damage that I may suffer as a result of any participation in the activity described above, including but not limited to any transportation to and from the event, 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 herein.

This Waiver and Release is intended to release and discharge in advance the promoters, sponsors, officials, leaders, and THE ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO, A CORPORATION SOLE, St. Paul of the Shipwreck and Junior Apostolates for Christ, and their officers, agents, and employees (The Archdiocese) from any and all liability, except for that attributable to willful misconduct, arising out of or connected in any way with my participation in the event.

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 year, 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, without compensation, the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my participation therein, and the publication or other uses thereof.

I warrant and represent that I am eighteen (18) years of age, or over, and upon request will produce satisfactory proof of such fact.

-----do not detach-----



Signed this _____ day of _____, 20____. *example: Signed this 20th day of August, 2005.*

(Print Participant's Name)

(Participant's Signature)

EMERGENCY CONTACT NAME / CONTACT NUMBER _____