

Drivers must be approved volunteers and up to date on all requirements.

Diocese of Orange

Adult Waiver and Release Form

Forms not returned by date designated by teacher will invalidate chaperone selection.

Homeroom Class for which you will serve as a driver/chapero	one (i.e. KA, 5C, 8E)
Activity (describe in detail)	
Time and Date:	
discharge the Diocese of Orange, its constituent organization Orange, a Corporation Sole, St. Junipero Serra Catholic Sc l any and all claims for personal injuries or property damage t	condition of my being allowed to do so, I, hereby, release and as, including but not limited to The Roman Catholic Bishop of hool and their officers, agents, employees and volunteers from hat I may suffer as a result of my participation in the activity caused by the negligence (active or passive), of any of the enti-
	apable of taking part in such activity. I make this warranty and nsed medical doctor within the last six months, and I know of ce that would affect the opinion of said medical doctor.
I agree to abide by the rules and regulations governing the a person or persons having supervision and control over the a	bove described activity and to obey an instructions given by the ctivity.
I, hereby, authorize the making of photographs, motion pictu event and my participation therein, and the publication or of therefore or any right that I otherwise might have to limit or	ther use thereof. I, hereby, waive any right to compensation
I warrant and represent that I am 25 years of age, or over, an also acknowledge that I have been fingerprinted for the Dioc	d upon request will produce satisfactory proof of such fact. I ese of Orange and have completed Safe Environment Training.
Signed this	day of
Print Name	
Signed by	
Street Address	
City	CA ZIP
Phone ()	Facsimile ()
e-mail	

Employee Statement: My participation in this activity will be conducted on my own time and not on my time as an employee of **St. Junipero Serra Catholic School.** Further, this participation on my part is for my own personal benefit, is voluntary on my part, and is not as a result of any suggestion or direction of my said employer or anyone acting on its behalf. I am fully aware that any injury I may incur as a result of such participation will not be considered as a work-incurred injury, or one arising out of or in the course and scope of my employment.

Please attach a copy of BOTH your driver's license and insurance card.