

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

Diocese of Orange

Adult Waiver and Release Form for Sports Carpool Drivers

Please complete and return to the School Office

Sport your child is playing:	Season: Fall Winter Spring
Gender: MaleFemale	Team:Canyon Mountain Valley
Student Name:	Grade Level:
I wish to participate in the activity described above, and as a condition of discharge the Diocese of Orange, its constituent organizations, including Orange, a Corporation Sole, St. Junipero Serra Catholic School and the any and all claims for personal injuries or property damage that I may suit described above, whether or not such injuries or damage are caused by the ties or individuals named or described above.	but not limited to The Roman Catholic Bishop of ir officers, agents, employees and volunteers from ffer as a result of my participation in the activity
I, hereby, warrant and represent that I am physically fit and capable of take representation on the basis of advice given me by a duly licensed medica no change in my medical condition since receiving such advice that woul	al doctor within the last six months, and I know of
I agree to abide by the rules and regulations governing the above describ person or persons having supervision and control over the activity.	ped activity and to obey an instructions given by the
I, hereby, authorize the making of photographs, motion pictures, video ta event and my participation therein, and the publication or other use ther therefore or any right that I otherwise might have to limit or control such	eof. I, hereby, waive any right to compensation
I warrant and represent that I am 25 years of age, or over, and upon requalso acknowledge that I have been fingerprinted for the Diocese of Orang	
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 current copy of BOTH your driver's license and insurance card.



St. Junipero Serra Catholic School

23652 Antonio Parkway Rancho Santa Margarita, CA 92688 Phone: (949) 888-1990

FAX: (949) 888-1994

Diocese of Orange

Driver's Insurance Verification

I carry my own Automobile Liability insurance with limits of	\$
and Medical Payments coverage with limits of	\$
Make, model, year of vehicle to be used	
# of seatbelts	
My driver's license number	
My insurance carrier is	
Policy Expires	
My agent is	
Address	
Phone Number ()	
Note: Please attach a photocopy of your current Driver's Lice	nse and Auto Insurance I.D. Card
Signed	
Address	
	Work Phone ()
Date	

Note: This form is for use by all Employees and Volunteers who drive their personal autos on Diocesan, School, parish or Agency business and activities.

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