D I O C E S E O F O R A N G E

Office of Risk Management
Pastoral Center
13280 Chapman Avenue
Garden Grove, CA 92840
714-282-3092
FAX 714-282-4279

ADULT HOLD-HARMLESS WAIVER & RELEASE FORM

ACTIVITY SMCHS School Volunteer Activity

DATE AND PLACE During the 2026-2027 School Year

SCHOOL/PARISH Santa Margarita Catholic High School

I wish to participate in the activity described above, and as a condition of my being allowed to do so, I, hereby, agree to defend, protect, indemnify, and hold harmless the above-named diocesan parish/school against and from all claims arising from my negligence or my fault which arise out of the above-named activity at the above-named location.

Additionally, I agree to protect, defend, hold harmless and fully indemnify the above-named diocesan parish/school for any claim or cause of action whatsoever arising out of the above-named activity that is brought against the parish/school by me or my family members, whether such a claim arises from the alleged negligence of the parish/school, its employees or agents, or my own negligence.

I, hereby, warrant and represent that I am physically fit and capable of taking part in this activity.

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. If any portion of this agreement is held invalid, it is agreed that the balance thereof shall continue in full legal force.

SIGNED_____ **DATE**_____

PRINT NAME _____

STREET ADDRESS _____

CITY_____ **STATE**____ **ZIP** _____

PHONE_____ **FAX**_____ **E-MAIL** _____

FOR DIOCESAN EMPLOYEES VOLUNTEERING:

My participation in this activity will be conducted on my own time and not on my time as an employee of _____. 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.

SIGNED_____ **DATE**_____