**[NAME OF PROGRAM]**

 **WAIVER & RELEASE AGREEMENT FOR ADULT PARTICIPANT**

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby elect to participate in any and all activities associated with **[NAME OF PROGRAM]** facilitated by **[SPONSORING PARISH(ES)]**, whether on Parish premises or at off-site locationsfrom **[DATES]** (collectively, the “Activities”). In consideration of the opportunity to participate in the Activities, I knowingly and voluntarily on behalf of myself do hereby agree to forever RELEASE, HOLD HARMLESS, AND INDEMNIFY **[SPONSORING PARISH(ES)]** and the Roman Catholic Archbishop of Baltimore, a Corporation Sole (the “Archdiocese of Baltimore”) and each of their affiliate organizations, agents, governing board, departments, employees, officers, directors, volunteers, officials, representatives, agents, insurers, students, and other participants in the Activities (collectively, the “Released Parties”) to the fullest extent permitted by law from any and all liability, claims, demands, and causes of action, including claims of negligence, arising out of or relating to any loss, damage, or injury (including illness or death) sustained in connection with or arising out of my participation in the Activities, including any and all actions taken by the Released Parties pursuant to this Waiver & Release Agreement. I voluntarily assume full responsibility for any risk of loss or property damage that may be sustained by me as a result of my participation in the Activities.

By my signature below, I understand and acknowledge that my participation in the Activities may involve risk of minor or serious injury, including due to transmission of communicable disease or illness or physical contact with others during the Activities, permanent disability, death, and/or economic losses that may result from my actions or inactions, the actions or inactions of others, including other participants in the Activities, and the inherent risks of the Activities. I further understand and acknowledge that the Activities may involve risks related to travel by various means of transportation, working with hand and/or power tools and swimming and other outdoor activities, including but not limited to exposure to water, sun, and other natural elements, and changing environmental conditions due to inclement weather, changing currents, lightning, wind, or temperature. I fully understand, appreciate, and hereby assume all such known and unknown dangers and risks related to my participation in the Activities, including any and all actions taken by the Released Parties pursuant to this Waiver & Release Agreement, and I voluntarily elect to participate in the Activities.

 I understand and acknowledge that my participation in the Activities may require a minimum level of fitness for safe participation, and [**SPONSORING PARISH(ES)**] and the Archdiocese of Baltimore do not screen, medically or otherwise, individuals that participate in the **[NAME OF PROGRAM]**. I acknowledge that it is my sole responsibility to make certain that I am physically fit and healthy enough to participate in the Activities. By participating in the Activities, I confirm that I do not have an elevated temperature and have not otherwise exhibited any symptoms related to COVID-19 as identified by the Centers for Disease Control and Prevention (CDC).

In the case of a health emergency or need of urgent healthcare, after a reasonable effort has been made to contact any below-named emergency contact(s) (or if the urgency of the circumstances does not allow for an attempt to contact any below-named emergency contact(s)), I authorize and consent to any medical care deemed necessary for my health and safety during the Activities.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**MUST** check one of the following)

 🞎 I am covered by hospitalization and medical insurance under policy number

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 🞎 I am NOT covered by hospitalization and medical insurance and I assume responsibility for the cost of hospitalization and medical care for myself.

INCLUDE AND EXPLAIN any other information concerning allergies, illness, dietary restrictions, etc.:

 \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize **[SPONSORING PARISH(ES)]** and the Archdiocese of Baltimore to take photographs and audio and video recordings of me in connection with my participation in the Activities. I acknowledge and agree that photographs or recordings of participants in the Activities, including me, may be used and published for educational and promotional purposes, including, for example, such purposes as publications, website or social media content, or other print or electronic materials produced from time to time. (Participants will not be identified by name, however, without specific written consent.) I agree that if I do not wish to be photographed or recorded, I will notify the Archdiocese of Baltimore in writing. I understand that **[SPONSORING PARISH(ES)]** and the Archdiocese of Baltimore have no control over the use of photographs or recordings taken by others or media that may cover the Activities in which I participate.

If any provision or provisions of this Waiver & Release Agreement are determined to be invalid or unenforceable, either in whole or in part, the parties agree that the invalid or unenforceable provision will be modified to the minimum extent necessary to render it valid and enforceable, so that the rights and obligations of the parties to this Waiver & Release Agreement are preserved to the fullest extent permitted by law.

**I CERTIFY THAT I HAVE READ THE FOREGOING WAIVER & RELEASE AGREEMENT AND ANY ACCOMPANYING ATTACHMENTS, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, WILLINGLY, AND VOLUNTARILY.**

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date of Signature