

# WAIVER AND RELEASE FORM

## Holy Spirit Parish, Lee's Summit

**Activity:** \_\_\_\_\_

**Date & Place:** \_\_\_\_\_

I wish to participate in the activity described above, and as a condition of my being allowed to do so I hereby, release and discharge the Catholic Diocese of Kansas City-St. Joseph, its constituent organizations, including but not limited to Holy Spirit Parish, Lee's Summit,, 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 my participation in the activity described above.

I hereby, warrant and represent that I am physically fit and capable of taking part in such 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, warrant and represent that I am eighteen years of age or over, and upon request will produce satisfactory proof of such fact.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Participant's Name: \_\_\_\_\_ (Print or Type)

Participant's Signature: \_\_\_\_\_

**NOTE:**

Where an employee of the Diocese is participating in such an activity the following paragraph should be included:

“My participation in this activity will be conducted on my own time and not on my time as an employee of Holy Spirit Parish, Lee's Summit. 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 of 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.”

Employee's Signature \_\_\_\_\_