

Participant Agreement

I (and or my minor) am a participant in the Saint Ann Fall Festival Treasure Run and I hereby acknowledge that this program may involve a variety of activities which may be both physical and mental in nature. These activities are designed to be within the limits of a person who is in reasonable good health. The level of participation in all programs and activities is at all times completely up to the individual. Safety is a high priority in all programs. In addition, each participant must assume the risk that he or she may suffer an emotional or physical injury and disability.

Liability Coverage

Saint Ann is not furnishing and is not responsible for and assumes no liability in connection with participation in this activity. The Parish/School is not furnishing and is not responsible for and assumes no liability of guarantee or assurance of safety of participants and/or elimination of all risks from the environment. Saint Ann is not furnishing and is not responsible for and assumes no liability for the safety of personal property during participation in the program. The Parish/School is not furnishing and is not responsible for and assumes no liability for monitoring and/or control of all the daily personal decisions, choices, and activities of the individual participants. The Parish/School is not furnishing and is not responsible for and assumes no liability for assumption of responsibility for the actions of person not volunteers or employees of the Parish/School or otherwise engaged by the Parish/School, for events that are not part of the program, or that are beyond the control of the Parish/School and its subcontractors. I voluntarily and without reservation and on behalf of myself, my heirs, and my estate, hereby indemnify, defend and save harmless Saint Ann, to include but not limited to, the Diocese of Arlington, The Most Reverend Michael F. Burbidge and his successors in Office, their officers, employees, from any and all liability, loss damages, costs, or expenses which are sustained, incurred, or required arising out of my actions in the course of the above program/activity.

Reimbursement of Medical Expenses

I recognize and acknowledge there is no volunteer accident coverage nor is there any medical payments coverage available to me in order to compensate me for expenses I incur from deductibles, co-payments, prescription drugs, or medical services not covered through my own health insurance provider(s) for any injury I sustain as a result of performing my services. I agree that any medical coverage(s) I have will be primary and under no circumstance will I seek any contribution from the Diocese, or their insurer, for any medical expenses.

Informed Consent to Medical Treatment

In the event of an injury, I hereby give the Diocese of Arlington and/or its parish(es)/school(s) full authority to take whatever action they feel is warranted under the circumstances regarding my health and safety if I am not in a condition to give informed consent including but not limited to the application of emergency medical procedures, the transport to a hospital, or the care of a medical professional at my expense.

Safety

Further, I agree to follow all procedures and safety precautions set forth by the Diocese and the parish(es) in addition to ensuring the protection of minors from sexual misconduct and/or child abuse in order to conform with the requirements adopted by the United States Conference of Catholic Bishops and Catholic Diocese of Arlington Policy on the Protection of Children/Young People and Prevention of Sexual Misconduct and/or Child Abuse.