



PERFORMERS RISK AWARENESS AGREEMENT

Given by (*Print name*) _____ on behalf of

(*Print organization name*) _____ (Herein known as PERFORMERS)

hired to perform at any of The Catholic Diocese of Arlington parishes or schools (Herein known as CDA) beginning on _____, 20() (*date*).

As a participant in a CDA program or sponsored event, I hereby state that I am aware of and accept the risk inherent to the program activity. I also voluntarily and without reservation and on behalf of myself and PERFORMERS hereby indemnify, defend and save harmless the PARISH/SCHOOL, 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.

I also understand and agree the Diocese’s liability insurance policies will not provide protection to PERFORMERS in the event of a claim, and under no circumstance will PERFORMERS seek any contribution from the PARISH/SCHOOL, or their insurer, for any medical or legal expenses regardless any underlying coverage that may or may not apply.

I further agree to follow all procedures and safety precautions set forth by the PARISH/SCHOOL and give them full authority to take whatever action they feel is warranted under the circumstances regarding the safety of PERFORMERS or attendees while on parish or school property.

This agreement will be valid for one year commencing on the date signed.

Signature of Performance Representation

Date Signed

Address

State, Zip Code

Email address (*please print*)

Parish or School Requesting this Form