

ACTIVITY RELEASE FOR MINOR PARTICIPANT

Return Completed Form to Parish/School/Ecclesiastical Organization

| Participant's Name: | |
|---|--|
| Birth Date: | Sex: |
| Parent/Guardian Name: | |
| Home Address: | |
| | |
| Home Phone: | Work/Cell Phone: |
| l, | grant permission for my child, |
| | , to participate in the following activities: |
| | |
| | |
| As parent and/or legal guardian, I remabove-named minor participant. | nain legally responsible for any personal actions taken by the |
| assigns, to hold harmless and defend_ its officers, directors, employees and agents, chaperones, or representatives in connection with my child participat | amed as minor participant herein, or our heirs, successors, and agents, and the Archdiocese of Denver, its employees and associated with the activities, from any claim arising from or ing in the activities, or in connection with any illness or injury reatment in connection therewith, and I agree to compensate |
| its officers, directors and agents, and chaperones, or representative associ expenses which they may incur in an | I the Archdiocese of Denver, its employees and agents and lated with the activities for reasonable attorney's fees and action brought against them as a result of such injury or the negligence of or the Archdiocese of Denver. |
| Signature: | Date: |
| My child has the following restrictions | and/or allergies: |
| With the exception of the above, I her good health, and I assume all responsi | reby warrant that to the best of my knowledge, my child is in bility for the health of my child. |
| Signature: | Date: |
| | |