

**OFFICE:** Payment amount \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Other \_\_\_\_\_

**ACTIVITY RELEASE 2010-11**

*TO BE SIGNED BY BOTH PARENTS OR GUARDIANS, or persons 18yrs and older:*

I consent for any of my children listed below to participate in any activity or trip sponsored by the Diocese of Colorado Springs or its affiliates\* (collectively, "the Diocese"). In case of medical need, I authorize the Diocese to arrange for medical or dental services for me and any of my children listed below. I agree that any such expense will be my obligation.

[Faith Formation classes are considered a Diocesan activity]

I, individually, and in my capacities as parent, guardian, or next friend of my children: (list below name & grade)

**Please Print**

_____ Grade _____	_____ Grade _____
Last                  First	Last                  First
_____ Grade _____	_____ Grade _____
Last                  First	Last                  First

waive, release, and indemnify the Diocese and its agents, directors, officers, employees, and volunteers (collectively, the "Released Parties") from all claims or liability which have arisen or may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such claims or liability. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct or gross negligence.

This Activity Release is revocable prospectively only by a writing signed by me which bears the date that the revocation is delivered to the Diocese.

_____ Date	_____ Signature: Father
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_____ Date	_____ Signature: Mother
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Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Medical Insurance Company and Policy Number: \_\_\_\_\_

Authorized Medications: \_\_\_\_\_

Family Physician/Emergency Contact and Phone: \_\_\_\_\_

Special considerations or needs (allergies, asthma, etc.) \_\_\_\_\_

*TO BE COMPLETED BY YOUTH 14-17 YEARS :*

I waive, release, and indemnify the Released Parties as identified above from all claims or liability which has arisen or which may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me or my property.

_____ Date	_____ Signature	_____ Date	_____ Signature
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\*"Affiliates" includes all Diocesan parishes, missions, schools, and ministries and also Catholic Charities of Colorado Springs, Inc., Partners in Housing, Inc., Ave Maria Catholic School Corporation, and the Catholic Foundation of the Diocese of Colorado Springs, Inc.