

<input type="checkbox"/> Children's Faith Formation 3Yrs-5th gr.

<input type="checkbox"/> Middle School Faith Formation 6-8th gr.

<input type="checkbox"/> High School Youth Group 9-12 & Confirmation
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Payment amount _____
Check # _____
Cash _____
Other _____

ACTIVITY RELEASE 2008-2009

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: (**PRINT FIRST AND LAST NAME**)

	Grade _____		Grade _____
	Grade _____		Grade _____

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
Date	Signature: Mother

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.