



ARCHDIOCESE OF DENVER

RISK MANAGEMENT PROPERTY CASUALTY INSURANCE TRUST

RETURN COMPLETED FORM TO PARISH/SCHOOL/ECCLESIASTICAL ORGANIZATION

ACTIVITY RELEASE FOR MINOR PARTICIPANT

Participant's Name: _____

Birth Date: _____ Sex: _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____ Work/Cell Phone: _____

I, _____, grant permission for my child, _____, to participate in the following activities:

St. Patrick Religious Education Activities

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor participant.

I agree on behalf of myself, my child named as minor participant herein, or our heirs, successors, and assigns, to hold harmless and defend St. Patrick, St. Clare of Assisi and St. Mary's, its officers, directors, employees and agents, and the Archdiocese of Denver, its employees and agents, chaperones, or representatives associated with the activities, from any claim arising from or in connection with my child participating in the activities, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate St. Patrick, St. Clare of Assisi and St. Mary's, its officers, directors and agents, and the Archdiocese of Denver, its employees and agents and chaperones, or representative associated with the activities for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of St. Patrick, St. Clare of Assisi and St. Mary's or the Archdiocese of Denver.

* Signature: _____ Date: _____

My child has the following restrictions and/or allergies: _____

With the exception of the above, I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

* Signature: _____ Date: _____