

ACTIVITY RELEASE

<hr/> Family Name

For all parents, all guardians and all those 18 years of age or 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.

I, individually, and in my capacities as parent, guardian, or next friend of my children:

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 _____

Date _____ Signature _____

Home Phone _____ Work Phone _____ Cell Phone _____

Medical Insurance Company and Policy Number: _____

Authorized Medications: _____

Family Physician/Emergency Contact and Phone _____

Special considerations or needs (allergies, asthma, etc.) _____

* "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.

Photo Release Form

I _____ give permission ___ do not give permission ___
for my photograph and/or the photograph(s) of my child/ren) to be used in program material produced by the Diocese of Colorado Springs, Our Lady of Guadalupe, Salesian Sisters publications, and Salesian Sisters web page.

I agree that for those photos submitted to the Diocese of Colorado Springs, the Diocese owns all rights of every kind in said photography.

I therefore irrevocably authorize the Diocese of Colorado Springs, Our Lady of Guadalupe and the Salesian Sisters to use my image and/or the images of my child/ren) for their purposes in any publication.

Signature

Date

VBS Registration Form

(One per Family)

St. Benedict

9:00am-2:00 pm

July 1-5

Ages 5-11

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cell phone: (_____) _____

Home e-mail address: _____

Home church: _____

Child/Children:

1. Name _____ /DOB _____ /Age _____ /Grade _____

2. Name _____ /DOB _____ /Age _____ /Grade _____

3. Name _____ /DOB _____ /Age _____ /Grade _____

4. Name _____ /DOB _____ /Age _____ /Grade _____

5. Name _____ /DOB _____ /Age _____ /Grade _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Please complete *both sides* of the Registration Form
and turn it in the Parish Office for Dr. Harriet Bauer by June 2, 2019.

Thank You!