

Volunteer Registration Form
St. Benedict
July 1-5
9:00am-2:00pm

Adult Volunteer (18 or older) _____

Teen Volunteer(13-17) _____ Age as of June 1, 2019 _____

Address _____

Zip _____

Home Phone _____ Work or Cell (please circle) _____

Email _____

Parish _____

I can help:

All Week Monday Tuesday Wednesday Thursday Friday

(for students) I am using this as a community service project: YES NO

Please note that you will be notified for the volunteer training.

Please complete *both sides* of the Registration Form
and mail the completed registration by June 1, 2019 to:

Salesian Sisters
2403 Marlborough Place
Colorado Springs CO 80909

ACTIVITY RELEASE

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.) _____

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, Sacred Heart Parish, 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, Sacred Heart Parish and the Salesian Sisters to use my image and/or the images of my child/ren) for their purposes in any publication.

Signature

Date