

ACTIVITY RELEASE

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 of my child(ren):

(name of child(ren) or participant over the age of 18)

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 written statement signed by me which bears the date that the revocation is delivered to the Diocese.

Signature of Parent/Guardian/Participant over 18: _____
Date _____

Printed Name _____

Medical Insurance Company and Policy Number (list each child's name and policy number):

Authorized Medications (list each child's name and medications they may be given):

Family Physician's Name: _____

Physician's Phone Number: _____

* "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, the Catholic Foundation of the Diocese of Colorado Springs, Inc., and the Institute of the Daughters of Mary Help of Christians (Salesian Sisters)

Photo/Video Release Form

I _____ give permission ___ do not give permission ___
for my photograph(s)/video(s) and/or those of my child(ren) to be used in program material produced by the Diocese of Colorado Springs, St. Michael and St. Benedict Parishes, Salesian Sisters publications, and Salesian Sisters web page/Facebook/Instagram.

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

Signature

Date

VBS 2021 Registration Form

(One per Family)

St. Michael Parish
9:00am-2:00 pm
June 28-July 2, 2021
Boys & Girls in Grades K-8

Name of parent/guardian: _____

Street address: _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____ Cell phone: (____) _____

E-mail address: _____

Home Parish: _____

Child/Children attending VBS:

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 (Please list child's name followed by allergies or condition) _____

Person to contact in case of emergency: _____

Phone: _____

Relationship to child: _____

Please complete *both sides* of the Registration
Form
and turn in to the parish office