

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 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: _____

Authorized Medications your child may be given (for volunteers under 18): _____

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 Parish, St. Benedict Parish, 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.

Parent/Guardian Signature

Date