

Please print legibly

NAME OF EVENT _____

Sponsored by St Michael the Archangel Parish

Date _____

Place _____

Cost _____ Transportation _____ Depart _____ Return _____

Participants Name _____ T shirt size _____

Group _____ Birth Date _____ Age _____

Address _____ City _____ State _____ Zip _____

The undersigned do hereby release, forever discharge and agree to hold the **Archdiocese of Denver and St Michael the Archangel Parish** harmless from and against any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever which may be incurred or suffered by the undersigned and/or the participant (if participant is under 18, or 18 and older) while attending the above activity. Furthermore, the undersigned hereby assume all risk of personal injury, sickness, death, damage and expense arising from the undersigned's or participant's (if participant is under 18, or 18 and older) participation in all activities, including recreation and work activities involved in the above activity. In addition, authorization and permission is hereby given to furnish all necessary transportation, food, and lodging for the undersigned participant (if participant is under 18, or 18 and older) . The undersigned further hereby agree to indemnify and hold harmless the **Archdiocese of Denver and St Michael the Archangel Parish**, and their respective members, directors, employees, and agents (collectively, the 'indemnities'), harmless from and against any and all claims, demands actions, lawsuits and liabilities, including the attorney's fee and expenses sustained by the indemnities as the result of the negligent, willful, or intentional acts of the undersigned and/or participant (if participant is under 18, or 18 and older).

If participant is under 18 years of age. We (1) are the parent(s) or legal guardian(s) of the participant and hereby grant permission for _____ to participate fully in the above activity and all of its undertakings, and hereby give our permission to take said participant to doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery; and, I (we) fully and completely assume responsibility for all medical bills. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs.

One form MUST be completed for each youth, adult participant and chaperone and returned to the office of Youth Ministry

Father's signature _____ Date _____

Mother's signature _____ Date _____

Adult participant's signature _____ Date _____

Legal guardian signature _____ Date _____

Emergency contact _____ Phone _____

Doctor's name _____ Phone _____

Current medications _____

Allergies or other medical concerns _____

Insurance Company _____ Policy # _____

Insured members name _____ Other _____