1300 S. Steele St. • Denver, CO 80210 (303) 715-3150 • Fax (303) 715-2041

ACTIVITY RELEASE FOR MINOR PARTICIPANT

Participant's Name:		
Birth Date:	Sex:	
Parent/Guardian Name: .		
Home Address:		
Home Phone:	Work/Cell Phone:	
l,	,	, grant permission for my child,
	, to partic	
As parent and/or legal gu minor participant.	ardian, I remain legally responsible for any personal ac	tions taken by the above-named
I agree on behalf of myse hold harmless and defend	elf, my child named as minor participant herein, or our he	eirs, successors, and assigns, to
its officers, directors, er chaperones, or represent child participating in the a	nployees and agents, and the Archdiocese of Denvatives associated with the activities, from any claim arisi activities, or in connection with any illness or injury (inc	ng from or in connection with my luding death) or cost of medical
representative associated any action brought agai	agents, and I agree to compensateagents, and the Archdiocese of Denver, its employees I with the activities for reasonable attorney's fees and expense them as a result of such injury or damage, unleading or the Archdiocese of	xpenses which they may incur in ess such claim arises from the
Signature:	Date:	
My child has the following	restrictions and/or allergies:	
With the exception of the and I assume all responsi	above, I hereby warrant that to the best of my knowle bility for the health of my child.	edge, my child is in good health,
Signature:	Date:	