

ACTIVITY RELEASE

For those 18 years of age or older, all parents, and all guardians:

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 related organizations* (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:

(print name(s) of child(ren): _____

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 _____ Household Last Name (Printed) _____ Signature _____

Date _____ Household Last Name (Printed) _____ Signature _____

Home phone: _____ Work phone: _____ Mobile phone: _____

Medical Insurance Company and Policy Number: _____

Authorized Medications: _____

Family Physician/Emergency Contact and Phone: _____

Special considerations or needs (allergies, asthma, etc.) _____

PLEASE LIST NAMES OF INDIVIDUALS WHO **ARE NOT** AUTHORIZED TO PICK UP YOUR CHILD:

For all those age 14 and under 18 years of age:

I waive, release, and indemnify the Released Parties as identified above from all claims or liability which has arisen or which may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me or my property.

Date _____ Signature _____ Date _____ Signature _____

*"Related Organizations" 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, and the Catholic Foundation of the Diocese of Colorado Springs, Inc., Queen of Heaven Cemetery.
(permanent retention) 1/14/09

Location Name: _____

CONSENT FOR RELEASE

INTRODUCTION

This form is used to obtain written consent for use of a minor's name and/or audio/video depiction from the minor's parent or guardian. The use of any name or likeness is limited to the announcement, acknowledgment of achievement or participation, and information about or promotion of an applicable ministry or event.

CONSENT

Please mark **YES** on the line before any description that you authorize for release/use.
Please mark **NO** on the line before any description that you do NOT authorize for release/use.

Name:

- _____ Use of the minor's name in any publication intended for public distribution. (Social media, website, written work or artwork, television, newspapers, brochures, etc.)
- _____ Use of the minor's name in any publication intended for distribution within the parish, school, or diocese. (bulletin, newsletter, written work or artwork, internal streaming video, bulletin board, other related internal electronic communication, etc.)

Audio/ Video:

- _____ Use of the minor's likeness in any medium intended for public distribution. (Social media, website, written work or artwork, television, newspapers, brochures, etc.)
- _____ Use of the minor's likeness in any publication intended for distribution within the parish, school, or diocese. (bulletin, newsletter, written work or artwork, internal streaming video, bulletin board, other related internal electronic communication, etc.)

PLEASE NOTE: IF YOU WISH TO MAKE ANY CHANGES TO THE ABOVE AUTHORIZATIONS, YOU MUST NOTIFY THE PARISH OFFICE.

Please PRINT the names of all minors included in this Consent:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Printed name of parent/guardian

Signature of parent/guardian

Date