



ARCHDIOCESE OF DENVER

RISK MANAGEMENT PROPERTY, CASUALTY INSURANCE TRUST

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

ACTIVITY RELEASE

Child's name: _____

Birth date: _____

Sex: _____

Parent/Guardian Name: _____

Home address: _____

Home phone: _____

Work/Cell phone: _____

I, _____, grant permission for my child,
_____, to participate in the following activities:

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor child.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend _____, its officers, directors, employees and agents, and the Archdiocese of Denver, its employees and agents, chaperons, or representatives associated with the activities, from any claim arising from or in connection with my child participating in the activities, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate _____, its officers, directors and agents, and the Archdiocese of Denver, its employees and agents and chaperons, or representative associated with the activities for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of or the Archdiocese of Denver.

Signature: _____

Date: _____

My child has the following restrictions and/or allergies: _____

With the exception of the above, I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature: _____

Date: _____
