RETURN COMPLETED FORM TO PARISH/SCHOOL/ECCLESIASTICAL ORGANIZATION

## **ACTIVITY RELEASE FOR MINOR PARTICIPANT**

Participant's Name:		
Birth Date:	Sex:	
Parent/Guardian Name:		<u></u>
Home Address:		<u> </u>
Home Phone:	Work/Cell Phone	
		<del>-</del>
	, to pa	
As parent and/or legal guardian, I rem minor participant.	nain legally responsible for any persona	l actions taken by the above-named
hold harmless and defend	named as minor participant herein, or ouddagents, and the Archdiocese of D	,
chaperones, or representatives associ child participating in the activities, or i	ated with the activities, from any claim a in connection with any illness or injury I agree to compensate	arising from or in connection with my (including death) or cost of medical
its officers, directors and agents, and representative associated with the acti any action brought against them as	the Archdiocese of Denver, its employers ivities for reasonable attorney's fees an a result of such injury or damage, or the Archdiocese	ees and agents and chaperones, or d expenses which they may incur in unless such claim arises from the
Signature:	Date:	
My child has the following restrictions a	and/or allergies:	
With the execution of the above I have	roby warrant that to the bact of my kno	wylodgo, my shild is in good hoolth
and I assume all responsibility for the I	reby warrant that to the best of my kno health of my child.	wieuge, my chiiu is in good nealth,
Signature:	Date:	