



ARCHDIOCESE OF DENVER

RISK MANAGEMENT PROPERTY/CASUALTY INSURANCE TRUST

RETURN COMPLETED FORM TO PARISH/SCHOOL/ECCLESIASTICAL ORGANIZATION

VOLUNTARY RELEASE FORM ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

PARISH/SCHOOL/ORGANIZATION: _____
(Understood to include the Archdiocese of Denver)

ACTIVITY PARTICIPANT OR FACILITY USER: _____

DATES OF ACTIVITY OF USAGE: _____

TYPES OF ACTIVITY OR USAGE: _____

The above-named Activity Participant or Facility User agrees to defend, protect, indemnify and hold harmless the above-named Parish/School/Organization against and from all claims arising from the negligence or fault of the above-named Activity Participant or Facility User or any of their agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above-named Activity or Usage at the above-named Parish/School/Organization.

Additionally, the above-named Activity Participant or Facility User agrees to protect, defend, hold harmless and fully indemnify the above-named Parish/School/Organization for any claim or cause of action whatsoever arising out of the above-mentioned Activity or Usage which takes place during the above-identified Date(s) of Activity or Usage that is brought against the Parish/School/Organization by the above-named Activity Participant or Facility User or their family members whether such claim arises from the alleged negligence of the Parish/School/Organization, its employees or agents or Activity Participant or Facility User's negligence. If any portion of this agreement is held invalid, it is agreed that the balance thereof shall continue in full force and effect.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.

SIGNED BY: _____

NAME: (Please print): _____

DATE: _____, _____