

Activity Releases and Permission Slips

When a student has two adults involved in his or her care and upbringing, both adults, regardless whether they are parents or guardians, should sign a Diocesan Activity Release Form and have it on file at the school/parish. If the student has only one parent or guardian, that individual should sign the Activity Release. In addition, students over fourteen must sign a Diocesan Activity Release. It is recommended that school/parishes acquire signed Activity Releases annually at the time of enrollment. One release for the whole family may be used for each year. Because these Activity Releases have continuing effect until revoked in writing, there is no need to have parents, guardians, or students sign multiple activity releases. A copy of the Activity Release is on the next page. The school/parish should maintain copies of all signed Activity Releases permanently.

Before a student participates in any major off-site field trip, one parent or guardian must sign an event-specific Permission Slip. A copy of the Permission Slip is on the page following the "Activity Release." Because the Permission Slip includes a medical authorization, the supervisor of the outing should take copies of the Permission Slips along on the outing. Retain for 3 years.

The Volunteer Waiver and Release of Claim is also enclosed. This form and the Permission Slip should be retained 3 years.

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:

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 Signature

Date 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.) _____

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)

**Volunteer
Waiver and Release of Claim**

In consideration of and as a condition to being permitted to participate in the volunteer activities of the _____ (the "Event") for The Diocese of Colorado Springs, or its related organizations* ("the Diocese"), the undersigned hereby waives and releases any claims or causes of action for any damages, personal injury, or property loss which the undersigned may have, or which may subsequently accrue to the undersigned, arising directly or indirectly from participation in the Event.

The undersigned acknowledges and understands that accidents resulting in injury occasionally occur during such activities, as the undersigned will be engaging in during the Event. Notwithstanding the foregoing, the undersigned hereby agrees to fully assume any and all risk of harm or injury which may occur to the undersigned during the Event, and to release and hold harmless the Diocese and its officers, agents, employees and other volunteers from any claims or causes of action as set forth above.

It is further understood that the undersigned is volunteering his or her time and labor to the Event. The undersigned acknowledges and understands that as a volunteer, he or she is not eligible for any wages or other benefits of employment, such as workers' compensation insurance, and the undersigned fully waives any claim for same for any work or activity he or she contributes during the Event.

Finally, it is understood and agreed that this waiver, release, and assumption of risk is binding on the heirs, successors, and assigns of the undersigned.

Event Volunteer

Date

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

Medical Insurance Company and Policy Number: _____

Family Physician/Emergency Contact and Phone: _____

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

* "Related Organizations" includes all Diocesan parishes, missions, schools, and ministries and also Catholic Charities of Colorado Springs, Inc, Partners in Housing, Ave Maria Catholic School Corporation, The Catholic Foundation of the Diocese of Colorado Springs, Inc., Queen of Heaven Cemetery.

(3 years retention)

PERMISSION SLIP

I hereby give permission for my child/children, _____ to participate in the activity described below:

Type of Activity: _____

Description of Activity: _____

Supervisor of Activity: _____

Date and Time of Activity: _____

Method of Transportation (if applicable): _____

Cost: (if applicable): _____

My child or children has/have no medical or physical limitations which might limit his, her, or their participation in the activity other than those which I have described on the page which I have attached to this Permission Slip. As parent or guardian, I agree that I shall be fully responsible and liable for any injury, harm, or property loss or damage caused by my child or children during the activity. Should my child or children misbehave during the activity, I hereby give permission for the Supervisor of the Activity or his or her designee to direct my child to stop misbehaving, to take "time out," or to be returned home by appropriate means.

Date

Signature

Printed Name

Address

Emergency Phone Numbers

Please return this form by _____.

(3 years retention)