

PROGRAM PARTICIPATION RELEASE

Name of Event: _____

Location of Event: _____

Date & Hour of Event: _____

Released Parties: The Diocese of Toledo, Catholic Youth & School Services,
_____ School and all related persons and entities.

Transportation Provided by: _____

This certifies that my child(ren), _____ (print name), living at _____ (Address), is physically and mentally fit to participate in the above event (hereafter referred to as "the program"), and has my permission as parent/guardian to participate in the program.

I VOLUNTARILY AND KNOWINGLY ACCEPT AND ASSUME THE KNOWN RISKS involved in the program for myself and my child named above and, in consideration for _____ School allowing us to participate in the program, on behalf of myself, my heirs, executors, administrators, and assigns, I hereby FULLY RELEASE AND FOREVER DISCHARGE the parties named above, and only those parties, along with their officers, agents, employees, successors, assigns, and volunteers, from any and all losses, expenses, inquiries, demands, actions, causes of action, damages, rights and claims, of whatsoever kind or nature, whether in law or in equity, arising out of or in connection with our participation in the program, and further WAIVE ANY RIGHTS we may have in that regard against those Released Parties.

I understand and acknowledge the significance and consequence of my specific intention to release any and all such claims and I hereby ASSUME FULL RESPONSIBILITY for any and all matters listed above.

THIS RELEASE IS KNOWINGLY AND VOLUNTARILY SIGNED WITH THE INTENT TO BE LEGALLY BOUND, AND IS SIGNED AFTER CAREFULLY READING AND FULLY UNDERSTANDING THE TERMS AND CONSEQUENCES OF THIS RELEASE.

(SIGNATURE) Parent/Guardian

Date: _____