

**St. Gabriel the Archangel Catholic Church**  
**8755 Scarborough Drive Colorado Springs, CO 80920**  
**Phone (719) 528-8407**  
**2021 – 2022 SGRCH**  
**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 affiliates\* (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, or guardian of my children:

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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, ec.) \_\_\_\_\_

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*For all those over 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

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## Media Release

I, the undersigned, do\_\_\_\_, do not\_\_\_\_ consent that the photographs, artwork, writing or videos in which my children, as shown on the top of this form, appear may be used by St. Gabriel's the Archangel Catholic Church and the Diocese of Colorado Springs in whatever way they desire, including television, website, CD-ROM, and any other form for the storage, retrieval and reproduction of information/images. Furthermore, I hereby consent that such information, photographs, videos, tapes, disks, etc. from which they are made shall be the property of St. Gabriel the Archangel Catholic Church and the Diocese of Colorado Springs. They shall have the right to sell, duplicate, reproduce and make other uses of such information, photographs, videos, disks, recordings, etc., as they may desire, free and clear of any claim whatsoever on my part.

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date