

EVENT PARTICIPATION RELEASE

Name of Event: Alpha Youth
Location of Event: Saint Joseph Parish
5411 Main Street, Sylvania OH 43560
Dates of Event: Tuesdays from 5:30-7:00 starting 9/8/2020-11/3/2020
Released Parties: The Diocese of Toledo, Saint Joseph Parish, and all related persons and entities.

This certifies that I _____ (print name), am the legal guardian or parent of _____ ("Child"), a minor, and in consideration for my Child's participation in the above event, I make the following waivers and acknowledgements.

I VOLUNTARILY AND KNOWINGLY ACCEPT AND ASSUME THE KNOWN RISKS involved in the event for myself, my Child, and any family member participating with me or my Child and, in consideration of the Toledo Diocese allowing us to participate in the event, 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 of nature, whether in law or in equity, arising out of or in connection with our participation in the event, 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, on behalf of me and my Child, and I hereby ASSUME FULL RESPONSIBILITY for any and all matters listed above.

THIS RELEASE IS KNOWINGLY AND VOLUNTARILTY 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)

Address: _____

Date: _____