

**ARCHDIOCESE OF BALTIMORE**  
**PERMISSION FORM AND RELEASE**

Name of Participant (Print) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact (name and telephone number): \_\_\_\_\_

In consideration of the opportunity to participate in the activity, the receipt and sufficiency of which are acknowledged, I knowingly and voluntarily on behalf of myself do hereby agree to forever **RELEASE, HOLD HARMLESS AND INDEMNIFY** Our Lady of Perpetual Help, the Roman Catholic Archbishop of Baltimore and his successors, a Corporation Sole, and all their affiliate organizations, and respective agents, employees, officers, directors, volunteers, and any officials, referees, and other participants (the Released Parties) from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury (including death) sustained in connection with or arising out of my participation in the activity. By my signature below, I acknowledge that my participation in the activity involves inherent risk of minor or serious injury, including permanent disability, death, and/or economic losses which might result from my actions or inactions, the negligence of others, the inherent risks of the activity, the rules of play, the condition of the premises, or of any equipment used. I have voluntarily elected to participate, and I fully understand, appreciate, and hereby assume all such dangers and risks.

I understand that my participation in said activities may require a minimum level of fitness for safe participation, and that the Released Parties do not screen, medically or otherwise, individuals that participate in the activity. I acknowledge that it is my sole responsibility to make certain that I am physically fit and healthy enough to participate in the activity.

I understand that the Released Parties do not provide medical treatment or medical, health or other insurance coverage for myself, however, I hereby grant permission for any staff member of the activity to obtain medical care from a licensed physician, hospital, or medical clinic for me in the event that my emergency contact cannot be reached.

(Check one of the following:)

I am covered by hospitalization and medical insurance under: policy# \_\_\_\_\_

issued by \_\_\_\_\_

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for me.

Participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the parish/school, Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants will not be identified, however, without specific written consent.). Those participants who do not wish to be photographed or filmed should so notify an activity staff member. Please note that the Released Parties have no control over the use of photographs or film taken by media that may be covering the event in which you participate.

**I HAVE READ THE ABOVE RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

*Revised 1/18/2017*