

**St. John the Baptist, Glandorf
Event Participation Release**

Name of Event _____

Location of Event _____

Date & Time of Event _____

Transportation Provided by _____

This certifies that my child(ren) _____, living at

(Print)

_____ is physically and mentally fit to

(Address)

attend the above named event and has my permission as parent/guardian to participate.

I VOLUNTARILY AND KNOWINGLY ACCEPT AND ASSUME THE KNOWN RISKS involved in the event for myself and my child named above and, in consideration for St. John the Baptist Church 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 Diocese of Toledo and St. John the Baptist Church, Glandorf, 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 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 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)