



ARCHDIOCESAN YOUTH DAY October 27, 2018



FIELD TRIP VOLUNTEER (CHAPERONE) RELEASE FORM

Assumption of Risk and Indemnity Agreement

Parish/School Church of St. Timothy
Address 8 Oak Ave. North
City, State, Zip Maple Lake, MN, 55358

Date of Event: **October 27, 2018**

Description of Activity/Field Trip: Roy Wilkins Auditorium at the Saint Paul RiverCentre

The undersigned person volunteers to serve as a chaperone for the above-described activity/field trip.

The undersigned, his/her personal representatives, heirs and assigns, DO HEREBY:

1. HOLD HARMLESS, RELEASE, DISCHARGE AND COVENANT NOT TO SUE the **Church of St. Timothy** and the Archdiocese of St. Paul & Minneapolis (Releasee) for any and all claims and liability, except for those arising out of the strict liability or gross negligence of Releasee which causes the undersigned injury, death or property damage and further agrees to hold Releasee harmless and indemnify Releasee from any claim, judgment or expense Releasee may incur by participation in the above described activity/field trip.
2. UNDERSTAND that participation in the above described activity/field trip involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.
3. Grant permission to the the Church of St. Timothy to use my photo for use in promoting the Church of St. Timothy and Archdiocesan events. I agree that the the Church of St. Timothy and the Archdiocese of Saint Paul and Minneapolis may use such photographs in publications related to programs with the knowledge that these publications may be posted electronically on the World Wide Web for purposes of marketing, development, etc. Names of children will not be published. I agree to release, indemnify and defend the the Church of St. Timothy and the Archdiocese of Saint Paul and Minneapolis for any claims related to the use of my photos as described above.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS AND PERMISSION TO USE MY PHOTO. I UNDERSTAND I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.

Printed Name

Date Signed

Signature

This form must be kept on file at the the Church of St. Timothy.