



# RELEASE OF LIABILITY FORM

Date(s) of Program Participation: \_\_\_\_\_ to \_\_\_\_\_ 2018

Organization/Group Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DOB (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M / F

Medical Concerns/Special Instructions (allergies, medications, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contacts

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ (day)

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_ (evening)

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ (day)

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_ (evening)

The Urban Education program seeks to offer flexible week, half week, and weekend long trips that allow groups to engage in experiential learning activities about issues surrounding homelessness and poverty in Denver, in conjunction with scheduled volunteer activities at a variety of different nonprofit organizations.

I agree to hold harmless, indemnify, and defend St. Francis Center, its officers, agents, employees, volunteers, and various sponsoring agencies from any claims for bodily injury or property damage which I or my child may have as a result of participation in the Urban Education Program.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*(Parent or Guardian if participant is under 18 years of age)*