

St. Matthias the Apostle Catholic Church

Adult Voluntary Release Form

for Participants Age 18 and up

Name of Participant: _____

Activity Description: _____

Activity Date(s): _____

In consideration of my participation in the above described activity, I, the undersigned Activity Participant, including my agents, representatives, family members, heirs and assigns, agree to hold harmless and defend St. Matthias the Apostle Catholic Church, Archdiocese of Galveston-Houston, its officers, directors, agents, employees, or representatives associated with the described activity from any and all liability claims, loss or damage arising from or in connection with my participation in the activity.

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

Signed: _____ Date: _____
Signature of Activity Participant

Name: _____
Printed name of Activity Participant