

# St. Matthias the Apostle Catholic Church

## Adult Voluntary Release Form

*for Participants Age 18 and up*

**Name of Participant:** \_\_\_\_\_

**Activity Description:** 2018 Summer Youth Nights\_\_\_\_\_

**Activity Date(s):** Tuesday June 12<sup>th</sup> – August 14<sup>th</sup>, 2018\_\_\_\_\_

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*