

**CATHOLIC MUTUAL... "CARES"**  
**LIABILITY CONTROL**  
**VOLUNTARY RELEASE FORM**

Assumption of Risk and Indemnity Agreement

Parish/School \_\_\_\_\_ from \_\_\_\_\_ 20 to \_\_\_\_\_ 20 \_\_\_\_\_

City \_\_\_\_\_

Description of Activity: Catholic Athletic League

The undersigned person requests and is granted permission to participate in the parish /school activity/activities for the intended purpose described above.

In consideration of "permissive entry" to the facility, each of the undersigned, their personal representatives, heirs and assigns **DO HEREBY**:

1. **RELEASE, DISCHARGE AND COVENANT NOT TO SUE** the above named parish/school and the Roman Catholic Bishop of Providence for any and all claims and liability arising out of strict liability or ordinary negligence of releasees or any other user of the facility which causes the undersigned injury, death or property damage and further agrees to hold releasees harmless and indemnify releasees from any claim, judgment or expenses releasees may incur by participation in the described activity.
2. **UNDERSTAND** that participation in the described activity involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.
3. **ACKNOWLEDGE** that the undersigned are aware of equipment and safety regulations and will comply with each regulation **ASSUMING ALL RISK** for themselves and all liability to others for failure to do so. No oral representations or inducements have been made to obtain signatures on this agreement. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

The Catholic Athletic League of the Diocese of Providence regularly takes photos of league activities and uses these photos in promotional materials. I grant permission for my child's photo to be used in promotional materials. NO  YES

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

\_\_\_\_\_  
Child/Ward

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date