

Catholic Adult Fellowship – Terre Haute
Liability Release Form

LIABILITY RELEASE

In consideration for being accepted and allowed to participate in this event and activities associated with its program and location, I personally assume responsibility for my/our actions, and hereby agree to release and hold harmless Catholic Adult Fellowship (“CAF”) and the Archdiocese of Indianapolis (the “Diocese”), together with their respective members, officers, employees, agents, representatives, volunteers, successors and assigns, from any and all liability, loss, injury or damage arising out of or in any way related to my participation in the CAF program. Should any dispute or controversy arise, I agree to seek resolution according to the Diocese’s policies and principles.

PHOTOGRAPHS

I understand that photographs are often taken at CAF events, such as retreats, and are used for various purposes, such as documenting our activities, personal enjoyment and to let the community know what CAF is and does. These photos are posted on the CAF Web site and may be published in brochures, flyers, parish bulletins and other places. If I do not wish to have my photo taken, I am free to ask the photographer to wait a moment while I move out of the camera’s view.

If I wish to take photographs at CAF events, I will be respectful of those who do not wish to be photographed and give them the opportunity to move out of the camera’s view.

MEDICAL ASSISTANCE

I give permission for CAF, St. Patrick Parish and the Diocese to obtain medical assistance in the event of emergency. I release CAF, St. Patrick Parish, and the Diocese from any liability for any first aid rendered or treatment performed pursuant to this consent.

I certify that I have signed this release voluntarily.

CAF Activity

Applicant Signature

Applicant Name Printed

Date