



THE BIG DAY OF SERVING™

youth transforming America's neighborhoods

Join hundreds other youth from around the Twin Cities to paint, do minor home repairs, landscape and transform a neighborhood in need!



6-12th Graders

Meet at St. Mary's Church parking lot on Sat., May 5th at 7:00 AM and return about 5:00 PM. Parent chaperones and drivers are needed!

\$29



Covers lunch, a t-shirt, materials and tools, morning rally and end of the day block party!!

Want more info?

See the website www.TheBigDayofServing.com or contact Justin at 651-429-8001 x223 or jkelly@stmarys-wbl.org. To register: Complete the attached form and return it with \$29 to Justin Kelly by Wednesday, April 18.



Participation and Release Agreement

Thank you for your commitment to participate in the ministry of The Big Day of Serving.

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I acknowledge that this Participation and Release Agreement will be used by the event holders, sponsors, and organizers of the event in which I may participate, and that it will govern my actions and responsibilities at said event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, **RELEASE**, AND **DISCHARGE** from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, **THE FOLLOWING ENTITIES OR PERSONS:** The Big Day of Serving and/or their directors, officers, employees, volunteers, partners, representatives, and agents, the event holders, event sponsors, or event volunteers;
- (B) I **INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE** the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of release or otherwise.

I acknowledge that this event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, team leaders, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The Participation and Release Agreement shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. Any actions arising under this Agreement shall be controlled by the laws of the State of Colorado, and venue shall be within the Larimer County District Court.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A **RELEASE OF LIABILITY AND A CONTRACT** AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name

Date of Birth

Age

Signature

Date

IF UNDER 18 YEARS OLD, PARENT OR GUARDIAN MUST SIGN FORM BELOW

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child's or ward's participation in the event, and has agreed individually and on behalf of the child or ward, to the terms of the Participation and Release Agreement set forth above.

Print Parent/Guardian's Name

Signature of Parent or Guardian

Date

Emergency Phone Number

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In my absence, I authorize

(adult into whose care minor(s) is entrusted)

(family doctor or pediatrician)

to act in my place to consent to medical treatment or hospital care as deemed advisable by any licensed physician/surgeon.

I assume financial responsibility for the delivery of such care.

Medical insurance company _____

Policy No. _____

Doctor's Name _____ Phone _____

Youth's Name(s)	Birth Date.....	Blood Type	Weight	Allergies.....

Address _____ Phone _____

I can be reached at _____ Phone _____

Another person to notify in an emergency _____

Relationship _____ Phone _____

Signed _____
(mother/father/legal guardian)

Date _____

Event _____