



## Urban Education Release of Liability Form

*(Please Print)*

Dates of Urban Education: \_\_\_\_\_ to \_\_\_\_\_ 200\_\_

Organization: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: (mm/dd/yyyy) \_\_\_\_\_ Sex: M F

Medical Concerns (allergies, etc.): \_\_\_\_\_

\_\_\_\_\_

### Emergency Contacts:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (day)

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ (evening)

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (day)

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ (evening)

\*I agree to hold harmless, indemnify, and defend DenUM, its officers, agents, employees, volunteers, and various sponsoring agencies from any claims for bodily injury or property damage which I or my child may have as a result of participation in the Urban Education Program.

I have read this form and understand its contents. I agree to the conditions of participation in the Urban Education Program provided by Denver Urban Ministries.

\_\_\_\_\_  
Signature (parent or guardian if the participant is under 18)

\_\_\_\_\_  
Date