

Child Release of Liability Form

Please be advised that I designate _____, _____,
(First & last name of child) (Date of Birth)

to be in the care of _____ during the period of
(Full Name of Adult)

_____ to _____, at which time they will be
Date (month, day, year) Date (month, day, year)

attending an event at Catholic Familyland in Bloomingdale, Ohio.

_____ will make any medical or other important
(Designated Adult's Name)

decisions concerning _____ during this time.
(Child's Name)

I hereby release and indemnify all the staff and volunteers at The Apostolate for Family Consecration's Catholic Familyland from any legal responsibility, both now and in the future, for my child's stay there.

(Signature of Parent or Legal Guardian) (Date) (Relationship to child)

(Complete Address) (City) (State) (Zip)

(_____) _____
(Phone Number)

(Signature of Adult Being Designated) (Date)

Please complete and return this form no later than 2 weeks prior to the scheduled event. Thank you and God bless.



**APOSTOLATE FOR
FAMILY
CONSECRATION®**

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