RELEASE AND INDEMNIFICATION AGREEMENT for Visitors to AFC Property					
THIS AGREEMENT is dated the APOSTOLATE FOR FAMILY C	and is entered into by and between an and is entered into by and between an analysis and second and	weenfor-profit corporation.	(Participant) and		
events to be held on AFC propert whereas, this agreement between intentions of the parties, that partie that everything the AFC does is m	y or at another site is a gratuitous the AFC and the participants of the cipation in the Holy Family Fests of hinisterial in nature, and its religion the AFC hereby resolve and agree	and voluntary act of these persone Holy Family Fests or other or other programs or events is us mission and its activities are to the following terms and co	Family Fests and other programs of sons and families and members; And programs or events reflects the final voluntary. It must also be understood animated by Christ, the Church, and inditions for participation in the Holy		
not expect remuneration for 2. Any work performed by F 3. Civil laws that would req AFC's right to freely exerci demonstrates a lifestyle cont 4. The AFC makes no warra 5. Participant agrees and de claims, demands, damages, either to person, including against the AFC or its mem events whether or not it be c 6. Participant and any mino on AFC property or at anoth Right to Refuse and Dismiss fro right to decline or refuse admittan or any materials provided to partic refusing to comply with any comn Minor Child Contact Release: B child(ren) listed below agree and a	any work performed; Participant and any minor children uire the AFC to violate its deeply ise its religious beliefs, and the Arrary to its (the AFC's) religious benties or assurances as to the facilities hereby hold blameless, exone costs, loss of services or expense minor children to which Participalers arising out of our attendance aused by the negligence of the AFC or children will follow all of the presente, as well as any materials proceed in the presented of the AFC or to dismiss any person who recipants at registration and check-international and the AFC standards. By signing this release and filling of allow the AFC to contact specified ck purposes. The AFC will only standards.	as volunteers becomes the sole held religious beliefs will be confictor reserves its right to refuse eliefs; ites or equipment utilized by Parate, release, and indemnify the sor compensation for or on acount is legal Parent or Guardian and/or participation in the Hold C or its agents or employees or inted or posted rules and regulated to participants at registrate roperty or at another site: We effuse to comply with this release. Refunds will not be provided but the following section, the Paraminor child(ren) via automated end automated emails or text reserved.	onsidered to substantially burden the admittance or dismiss anyone who rticipant or any minor children; e AFC from any and all liability or count of any damage, loss or injury, or to property which we may have y Family Fests or other programs or otherwise; ations as they appear around whether		
Please list all family members UN	IDER 18 visiting AFC property to who	om you are a Parent or Guardian:			
I have read, understand, and agr	ee to the terms of this Release an	d Indemnification Agreement	:		
Signature	Printed Nar	ne	Date		
Address:		City	State:		

Email: Phone:

Child Release of Liability Form

Please be advised that I designate	te			
3	(First & last nam	ne of child)	(Date	of Birth)
to be in the care of		durir	ng the peri	od of
(Ful	Name of Adult)		0 1	
to	Date (month, day, year)	, at which t	ime they v	vill be
attending an event at Catholic Fa	ımilyland in Bloominç	gdale, Ohio		
(Designated Adult's Name)	will make any	medical or	other imp	ortant
decisions concerning	(Child's Name)		during this	time.
I hereby release and indemnify a	ll the staff and volunt	teers at The	e Apostola	te
for Family Consecration's Cathol	ic Familyland from a	ny legal res	ponsibility	,
both now and in the future, for my	y 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.





3375 County Road 36 Bloomingdale, OH 43910 Phone: 740-567-7700 Fax: 740-567-7725