



Catholic Charities
 Archdiocese of Dubuque

1229 Mount Loretta Avenue
 Dubuque, IA 52003
 563.588.0558
 800.772.2758

RELEASE OF LIABILITY AND AGREEMENT TO HOLD HARMLESS

In consideration of the services provided and to be provided to me or on my behalf by Catholic Charities in connection with my efforts to obtain information about and/or contact with:

- a. My biological child
- b. My biological relatives
- c. My child's biological relatives

I do hereby release Catholic Charities' directors, officers, agents, employees and affiliated entities from any liability whatsoever now existing or arising in the future, in connection with its efforts on my behalf.

Further, I agree to hold Catholic Charities' directors, officers, agents, employees and affiliated entities harmless from any and all claims, which may be made as a result of the services and efforts rendered by Catholic Charities on my behalf.

I understand Catholic Charities will make every possible effort to provide the services requested, but understand there is no guarantee that they will be able to locate the person sought, and if such a person is located, he/she may not desire contact with me.

I intend this agreement to be binding upon my executors, administrators, heirs, devisees, assigns, and personal representatives.

Signature: _____

Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

I have carefully read the agreement and fully understand its content. I am aware that I am releasing certain legal rights that I otherwise may have and I enter into this agreement in behalf of myself of my own free will. (Please initial to show that you agree: _____.)

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THE RELEASE IF YOU DO NOT UNDERSTAND OR AGREE WITH ITS TERMS.

SWORN TO, SUBSCRIBED AND ACKNOWLEDGED before me on the ___ day of _____, 20__.

(Seal) _____ (Notary Public Signature)
 State of _____

 (Typed or Printed Name of Notary)
 My Commission Expires: _____