

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

PLEASE PRINT

Activity: La Victoria St. Timothy's 2026 Mission Trip

Group: St. Timothy's Parish

Participant Information

Name: _____ Date(s): _____

Street Address: _____ Age: _____ Sex: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Please read both sides of this form. Sign and return this form to Yudie Jiminez at yudiejimenez@hotmail.com

I, the undersigned, am aware that participation in the Activity (hereafter referred to as **ACTIVITY**) described above may include activities that may cause injury and be dangerous. I acknowledge that participation in this ACTIVITY has the following non-exhaustive list of particular activities that bear risk and danger and from which bodily injury, up to and including death, may occur:

1. Building houses
2. Pouring concrete floors
3. Other general construction, maintenance and repair type of work
4. Travel in general in the Dominican Republic
5. Travel to the campo in local vans

With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY and assume the responsibilities and risks resulting from my participation, including all risk of property damage and injury to others and to myself.

1. I agree to comply with all of the rules and conditions of participating in the ACTIVITY.
2. I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in the ACTIVITY, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my participation in the ACTIVITY.
3. I have read, understand and agree to comply with the Diocese of Saint Petersburg's (DOSP) Policy for the Protection of Children and Vulnerable Adults. This policy can be found at this URL: <https://www.dosp.org/safe-environment/policy-for-the-protection-of-children-and-vulnerable-adults/>
4. I have read, understand and agree to comply with the Diocese of Saint Petersburg's (DOSP) Guidelines for Field Trip Retreats and overnight Trips and Missions. These guidelines can be found at this URL: <https://www.dosp.org/wp-content/uploads/2021/11/Guidelines-for-Field-Trip-Retreats-and-overnight-Trips-Missions.pdf>
5. Furthermore, I acknowledge that I am solely responsible for any action that I participate in associated with the ACTIVITY or around this ACTIVITY, regardless if occurring before, during or after the period of the ACTIVITY. I will conduct myself in a manner that is considerate of other participants and in accordance with the DOSP and with any state, city and applicable laws or rules where the ACTIVITY is occurring.
6. I recognize and acknowledge that PWLV may record my participation and appearance in ACTIVITY on any recorded medium including, but not limited to video, audio, photos (collectively "recordings") for use in any form (including, but not limited to print, websites, blogs, internet, and social media). I authorize such recording and release PWLV to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose.

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To the extent permitted by law, and in consideration for being allowed to participate in the ACTIVITY, I hereby save, hold harmless, discharge and release the PWLV, Nativity Catholic Church, the Schoenstatt Sisters of Mary and the DOSP from any and all liability, claims, causes of actions, damages or demands of any kind and nature whatsoever that may arise from or in connection with my participation in any activities related to the ACTIVITY, whether caused by the negligence or carelessness of the PWLV, Nativity Catholic Church, the Schoenstatt Sisters of Mary or the DOSP or otherwise

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend PWLV, Nativity Catholic Church, the Schoenstatt Sisters of Mary and the DOSP from any claim by the aforementioned parties arising out of my participation in the ACTIVITY.

I recognize and acknowledge that PWLV, Nativity Catholic Church, the Schoenstatt Sisters of Mary nor the DOSP make no guarantees, warranties, representations, or other promises relative to the ACTIVITY, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in the ACTIVITY, and assumes no liability or responsibility for injury or property damage that I may sustain as a result of participation in the ACTIVITY.

I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be **as broad and inclusive as permitted by law**. In any portion hereof is held invalid, it is agree that the balance shall, notwithstanding, continue in full force and legal effect.

I hereby certify that with or without accommodation, *I have no health-related reasons or problems that preclude or restrict my participation in the ACTIVITY. I hereby consent to and understand myself to be solely responsible for the cost of first aid, emergency medical care, and, if necessary, admission to an accredited hospital for executing such care or treatment for injuries that I may sustain while participating in any activity associated with the ACTIVITY.

Emergency Contact Name: _____ Telephone# _____

In signing the Acknowledgement of Risk and Waiver Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

Participant Signature: _____ Date: _____

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**REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:
PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT AGREEMENT**

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the ACTIVITY, and I hereby give my consent to participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the PWLV from and against all claims, demands or suits that my dependent has or may have.

Parent or Guardian Signature: _____ Date: _____

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same document.