

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK
AND HOLD HARMLESS AGREEMENT FOR AN ADULT**

Parish: St. John Vianney Parish in Brookfield, WI

Mission Activity: Trip to Santisimo Sacramento in Piura, Peru

Dates of Activity: January 15, 2015 thru January 23, 2015 (Leaving Piura 1/23, arriving home on January 24)

Name of Participant: _____

I wish to participate with a volunteer group from the Parish in a Mission Activity to Peru. I am aware of and have read the U.S. Department of State Consular Information Sheet on Peru and realize that there are substantial threats to my personal safety related to travel to, from and within Peru. I realize that I may decide to not participate in this Mission Activity at any time.

I realize that there are numerous risks involved in the Mission Activity, including those that may arise due to the negligence of the Parish, the negligence of its employees, agents, or other volunteers, third parties, or my own negligence. These risks could involve (but are not limited to): illness, sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis and possibly death. I also realize that there are risks to my life and personal safety due to the politically and socially unstable and dangerous conditions in Peru, including risk of assault, robbery, kidnap and ransom, physical detainment, terrorist attack, civil disturbance and risks associated with medical treatment sought in Peru. These risks could impair my future ability to earn a living, engage in business, social and recreational activities and to generally enjoy life.

I assume all responsibility and certify that I am in suitable, good physical condition to actively participate in the Mission Activity described above.

I agree to accept all the previously mentioned risks as a condition of my participation in the Mission Activity described above.

I certify that I have adequate travel insurance and health and disability insurance that will respond to any illness or injury that may occur to me during the Mission Activity described above. I fully understand that the Parish is **not** providing any travel, health, accident, or disability insurance for me personally in connection with the Mission Activity described above.

I certify that I am ____/ I am not ____ a medical professional. I have been informed that the Parish does not have medical malpractice insurance or any other insurance that will protect me from claims, causes of action, or fines related to my professional or personal activities on this Mission Activity.

I agree to protect, defend, hold harmless and fully indemnify the above named Parish for any claim or cause of action whatsoever arising out of the above mentioned Mission Activity, which takes place during the above identified dates that is brought against the Parish by me, my family members, and/or a third party whether such claim arises from the alleged negligence of the Parish, the negligence of its employees, agents, or other volunteers, a third party or my own negligence.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Participant Signature

Date _____

Witness to Participant Signature

Date _____