

Liability Waiver & Medical Authorization Form

Collaborative Parishes of Resurrection & St. Paul of Hingham, Massachusetts

Acknowledgement and Assumption of Risk

The undersigned participant do hereby acknowledge that I am or he/she is aware of the dangers and risks to person and property by participating in:

Haiti 180 Adult Mission Trip

Nevertheless, I voluntarily elect to participate in this activity with knowledge of the danger involved, and hereby agree to accept and assume any and all risk of property damage, personal injury, or death.

Medical Authorization, Indemnification and Waiver of Liability

In consideration for being allowed to voluntarily participate in the above-referenced event, I hereby:

- a.) Consent to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law;
- b.) Agree to defend, indemnify, and hold harmless the Parish and the Roman Catholic Archbishop of Boston, a Corporate Sole, and its agencies, officers, and employees from and against any and all claims of any nature including all costs, expense and attorneys' fees, which in any manner result from actions during this activity or event; and
- c.) Waive and release forever the Parish and the Roman Catholic Archbishop of Boston, a Corporate Sole, and its agencies, officers, and employees from any and all liability for death, disability, personal injury, property damages, property theft, or claims of any nature which may hereafter accrue as a direct or indirect result of the participation in the activity or event.

Further, I affirm that I am at least 18 years of age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies that may otherwise be available regarding any losses sustained as a result of participating. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

READ BEFORE SIGNING

Signature: _____ Date: _____

Printed Name: _____

Name of Minor, if applicable: _____ Age of Minor: _____

Emergency Contact Telephone No.: _____

Insurance Carrier Name and Policy No.: _____

Important Medical Information About You (allergies, etc.): _____
