

**RELEASE AND WAIVER FOR OTHER ACTIVITIES
LC PASTORAL SERVICES, INC.**

1. **NAME:** _____ **BIRTHDATE:** _____

2. **NATURE AND DURATION OF ACTIVITIES:** Holy Week Missions include door to door visits within Our Lady of Guadalupe Parish boundaries, humanitarian work in local neighborhoods, and participation in Holy Week liturgies at the parish. They will be sleeping in the Parish premises (Classrooms) and showers will be provided by parishioners. The duration of the Missions are from Wednesday March 31st through Sunday April 4th.

3. **ACTIVITY SUPERVISOR(S):** Ricardo Avalos and Juan Moreira

4. **TRANSPORTATION:** Not Applicable. Participants are responsible for securing their own transportation to and from activities, as the company does not provide transportation.

5. **REQUIREMENTS:** The participant named above is in good health and has no physical or medical limitations that would cause the activities as described above to be detrimental or dangerous to the participant. Specific allergies and medical problems should be indicated in section 9 below.

6. **CONSENT:** The above name participant certifies that he/she is above the age of majority and hereby consents to participate in the activities described above, and specifically requests that he/she be allowed to participate in those activities.

7. **AUTHORIZATION.** The above named participant hereby authorizes LC Pastoral Services, Inc. to use the image and likeness of him/her in photograph or video form whether taken by or commissioned by LC Pastoral Services, Inc. in its promotional materials and for its promotional purposes associated with its nonprofit activities. This authorization shall extend to use of his/her image and likeness on website of LC Pastoral Services, Inc. or its successor in operation or affiliated organization(s) upon written consent of LC Pastoral Services, Inc. The above named participant understands that this authorization shall survive the end of his/her participation in the activities referenced on this form.

8. **INSURANCE:** The above named participant understands that LC Pastoral Services, Inc. does not carry any insurance relative to the activities or for any injury that may occur to him/her. The above named participant represents that he/she is (a) covered by insurance through his/her own insurance carrier; or (b) that he/she is personally financially responsible for any and all medical costs incurred as a result of injury.

9. **EMERGENCIES:** If the above named participant requires any emergency medical procedures or treatments during the activities, he/she consents to the activity supervisor(s) taking, arranging for or consenting to such procedures or treatments in the discretion of the activity supervisor(s). For purposes of such procedures and treatments, the above named participant's blood type allergies or other medical problems (if any) are listed below:

Blood Type: _____ Allergies / Medical Problems: _____

10. **EMERGENCY CONTACTS:** In the event of a medical or other emergency, the above named participant authorizes the activity supervisor(s) to contact the emergency contacts listed below

Emergency Contact Information

(1) Name: _____ Relation: _____ (2) Name: _____ Relation: _____

Home Phone: _____ Home Phone: _____

Alternate Phone: _____ Alternate Phone: _____

11. **RELEASE AND INDEMNIFICATION:** I release and waive, and further agree to indemnify, hold harmless or reimburse LC Pastoral Services, Inc. and Consolidated Catholic Administrative Services, Inc., the individual members, agents, directors, officers, employees, volunteers and representatives thereof, as well as activity supervisors, from and against, any claim which I, any parent or guardian, any sibling, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses (including attorneys' fees incurred by LC Pastoral Services, Inc. and Consolidated Catholic Administrative Services, Inc., or any of its individual employees, agents, volunteers, etc. in enforcing this indemnity provision) without limitation in time or amount, damages or injuries arising out of, during, or in connection with my participation in the activities, the travel to and there from, and the rendering of emergency medical procedures or treatment, if any. I understand that this release and indemnification shall survive the end of my participation in the activities referenced on this form.

I have read and understand the above and agree to all terms and conditions contained therein.

DATE: _____ **Participant Signature:** _____

Address: _____

Home Telephone: _____

Work Telephone: _____