**ST. LOUIS COLLEGE & YOUNG ADULT MINISTRY**

**ADULT RELEASE FORM – College Habitat for Humanity Trip**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as a participant in the **College Habitat for Humanity Trip** sponsored by the St. Louis Parish College and Young Adult Ministry on **May 26-30, 2020** at Sussex County, DE, hereby understand and acknowledge that participation in the activities involves inherent risks of minor and serious injury to myself including risks associated with transportation by motor vehicle.  I knowingly, voluntarily and without reservation and on behalf of myself, my heirs, and my estate, hereby RELEASE, HOLD HARMLESS, DEFEND AND INDEMNIFY St. Louis Roman Catholic Congregation, Incorporated, St. Louis Parish College & Young Adult Ministry, Roman Catholic Archbishop of Baltimore and his successors, a Corporation Sole, and each of their affiliate organizations, agents, employees, officers, directors, volunteers, officials, students and other participants (collectively, the “Church”) from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury (including death) sustained in connection with or arising out of participation in the **College Habitat for Humanity Trip**, including the cost of any medical care given to me or any expenses or fees (including attorneys’ fees) incurred in any lawsuit arising as a result of any damage or injuries caused to me or by me in the course of my participation in the **College Habitat for Humanity Trip.**

I understand that my participation in the **College Habitat for Humanity Trip** may require a minimum level of fitness for safe participation, and that the Church does not screen, medically or otherwise, individuals that participate in the **College Habitat for Humanity Trip**. I acknowledge that it is my sole responsibility to make certain that I am physically fit and healthy enough to participate in the **College Habitat for Humanity Trip.** I recognize and acknowledge there is not any volunteer accident coverage nor is there any medical payments coverage available to me in order to compensate me for expenses I incur from deductibles, co-payments, prescription drugs, or medical services not covered through my own health insurance provider(s) for any injury I sustain as a result of my participation in the **College Habitat for Humanity Trip**. I agree that any medical coverage(s) I have will be primary and under no circumstance will I seek any contribution from the Church, or its insurer, for any medical expenses.

I acknowledge and agree that photographs or videotape of participants of the **College Habitat for Humanity Trip** may be used in publications, websites or other materials produced from time to time by the Church. (Participants will not be identified by name, however, without specific written consent.) I agree that if I do not wish to be photographed or videotaped, I will notify the College & Young Adult Ministry staff in writing.

Full name of participant

Date of Birth and year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone

Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergence contact and phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Signature of Participant