

Release, Waiver and Indemnity Agreement

I, _____ [print name], HEREBY VOLUNTARILY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Diocese of Southeast Florida, Inc., and Holy Sacrament Episcopal Church, their respective directors, officers, employees and agents, (collectively referred to herein, for the purposes of this document, as “the Church”), from any and all liability to me, my personal representatives, assigns, heirs and next-of-kin, for any and all loss or damage, and any claims or demands therefore, on account of injury to my person or property or resulting in my death, whether caused by the negligence of the Church or otherwise, during my participation in the Mission Trip to **Belize**, scheduled to take place from **June 10, 2017 to June 17, 2017** (“the Mission Trip”).

I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of the Church or otherwise while participating in the Mission Trip.

I sign this Release, Waiver and Indemnity Agreement voluntarily, in consideration for the Church’s allowing me to participate in the Mission Trip. I understand that the Church will rely on this Release, Waiver and Indemnity Agreement in allowing me to participate in the Mission Trip.

I express acknowledge and agree that my participation in the Mission Trip includes risks and dangers, including travel, transportation and/or construction accidents and injuries, death, disease, war, political unrest, kidnappings, delay or irregularity in schedule, and other calamities.

I further expressly agree that the foregoing Release, Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Florida; that this Release, Waiver and Indemnity Agreement will be construed in accordance with the laws of the State of Florida; and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Participant Signature: _____

Print Name: _____

State of _____

County of _____

On this _____ day of _____, 20____, before me personally appeared _____, who stated, under oath, before me that he/she has read the foregoing document and that he/she signed it for the purposes therein expressed.

Notary Public

My Commission Expires:

_____ Personally known
_____ Provided identification: _____