

CASA FRANCISCANA OUTREACH

Assumption of Risk and Release Form

Domestic and Foreign Travel

Name of Participant: _____

Date of Birth: _____

Pilgrimage or Service Trip Dates: _____

This release form specifies certain areas of risk that you should know about before you participate in a Pilgrimage or Service trip to the Casa Franciscana Mission at Guaymas, Sonora, Mexico.

I hereby agree as follows:

1. RISKS OF SERVICE TRIPS:

These risks include, but are not limited to those risks involved in traveling to and within, and returning from Mexico; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public, places and conveyances; local medical and weather conditions.

2. LIMITS OF RESPONSIBILITY:

I understand that the Casa Franciscana Outreach (Outreach) **Cannot:**

- a. Guarantee the safety of participants or eliminate risk from the environment.
- b. Monitor or control all the daily personal decisions, choices and activities of individual participants.
- c. Prevent participants from engaging in illegal, dangerous or unwise activities.
- d. Assure that U.S. standards of due process apply or provide or pay for legal representation for participants.
- e. Assume responsibility for the actions of persons not employed or otherwise engaged by the Outreach or Casa Franciscana Mission, for events that are beyond its control and its subcontractors, or of situations that arise from the failure of a participant to disclose pertinent information.
- f. Assure that home-country cultural values will apply on the Program when these differ from those of the host destination.

3. HEALTH AND SAFETY:

- a. There are no health-related reasons or problems that preclude my participation in this Program.
- b. I understand that the Outreach does not provide, or is obligated to provide, any Accident or Medical Insurance during my participation in the above service trip. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that the Outreach is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore.
- d. In the event of illness or injury to me to such an extent that I am unable to make decisions relative to my immediate medical condition, I authorize the attending representative of the Outreach to secure medical treatment on my behalf, including surgery and the administration of an anesthetic, and I accept all financial responsibility for such treatment.
- e. The Outreach may elect, but is under no obligation to provide, Volunteer Travel Insurance for international Travel. If provided as an option, it will be the participants full responsibility to complete all registration requirements for coverage.

