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.

4. STANDARDS OF CONDUCT:

- a. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior that violates those laws or standards could harm the Outreach's relations with the country and the religious congregation, who owns the host facility. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Program.
- b. I also will comply with the Outreach's rules, standards and instructions for participant behavior.
- c. I agree that the Outreach has the right to enforce the standards of Conducts described above, in its sole judgment, and that it will impose sanctions, up to and including termination from the Program, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the Outreach, the Program, or other participants. If I am terminated from the Program, I consent to being sent home at my own expense with no refund of fees or program costs.
- d. I will attend to any legal problems I encounter with any foreign nationals or government of the host country. The Outreach is not responsible for providing any assistance under such circumstance.

5. ASSUMPTION OF RISK AND RELEASE OF CLAIMS:

Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. I hereby agree to release, hold harmless and indemnify The Casa Franciscana Outreach et al, its officers, employees, and agents, and the individual members of the Board of Directors, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including period in transit to or from any country where the Program is being conducted).

I have carefully read the Release Form before signing it. No representations statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall define my responsibilities relating to the Program for which I have qualified and shall be governed by the laws of Arizona, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

X				
Signature of Participant	Date			
As the parent or legal guardian understand the conditions outline program, and agree to be bound	ned above, have giv	ven my child o	r ward permissio	on to participate in the
X				
Signature of Parent/Guardian	Date			

Submit completed/signed form to: Casa Franciscana Outreach, PO Box 15576, Scottsdale, AZ 85267 or email completed/signed form to: CasaFranciscanaOutreach@gmail.com