CASA FRANCISCANA OUTREACH

RELEASE OF LIABILITY

| Saint Barbara of th California, Inc., Fra and their employed every nature wha | e Order of Friars Min inciscan Friars of Aria es, agents, and repre tsoever, which may | Casa Franciscana Outreach, the Province of for ("Franciscan Friars"), Franciscan Friars of zona, Inc., Franciscan Renewal Center, Inc., sentatives, from all liability and damages of result to me while participating in the Service Mission during the time period from | |
|--|---|--|--|
| | to | | |
| | heir employees, agen | raive any claim against any and all entities ts, and representatives, for any injury arising | |
| in said trip and ful treatment, emerge | ly consent to assume ency or otherwise, if | he inherent risk of injury while participating said risk of injury. I agree that all medical required, including all costs and expenses ty of the undersigned. | |
| Dated this | day of | 20 | |
| | X | | |
| | X Signature of Participant | | |
| above, I have read child or ward pern | and understand the | participant minor whose signature appears conditions outlined above, have given my in the program, and agree to be bound by elf had signed above. | |
| X | | | |
| Signature of Parer | nt/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