

**St. Joseph Church - Grafton, WI
Release and Indemnity Agreement**

Re: Mission trip to Dominican Republic

Dates: _____

Participant's name:	Date of birth:	Phone no(s):
Address:		

I intend to go to a rural part of a Third World country. I acknowledge that health and safety standards in that country may be lower than those with which I live in this country and to which I am accustomed. If there is an emergency, if I get sick or injured, timely necessary treatment might not always be immediately available.

I believe I can withstand the physical inconveniences and hardships which this trip may entail, and I take responsibility for my physical condition. I shall carry a copy of my pertinent medical information with me. If I have an existing chronic medical condition, I shall discuss this trip with my health care provider. I shall be watchful, so as to minimize my risks. I will follow instructions and guidelines given to me and understand I will be accompanied by others who are more familiar with local language and practices, but I acknowledge that they are human and fallible and because of other obligations they may have limited capacity to care for me. Ultimately, I will rely upon myself and take personal responsibility for my safety and well-being.

In the extreme case that I am not responsive, I give my consent for emergency medical treatment. And in case of an emergency, please contact:

Name:	Phone no(s):	E-mail:
Address:		

I am aware that my health insurance might not be accepted in another country and that if I desire I have the option to purchase travel insurance. I take responsibility for any charges for medical treatment which I may receive during this trip. Because my insurance coverage could be available during some parts of the trip (for instance, at airports in the U.S.), in case of an emergency here is data about my health insurance coverage:

Family doctor:	Phone no(s):	
Health insurance carrier:	Policy/group number:	Pre-authorization phone no.:

In consideration of my being allowed to participate in this mission trip, I hereby release St. Joseph's Congregation, the Archdiocese of Milwaukee, the Los Toros Foundation Inc., the officers, directors, and agents of these entities, and my fellow missionaries on this trip from any claims which may arise from my participation in this trip, from monetary liability to property damage to personal injury to death. On behalf of myself and my successors, assigns and heirs I agree to defend these released parties against any such claims and to indemnify them and to hold them harmless against any such liability. My duty of indemnity shall extend to any legal costs (including reasonable attorney fees) incurred by a released party in defending against such a claim or enforcing this agreement. This release and indemnity agreement shall not apply in case of wilful and intentional wrongdoing by a released party.

Date:	Signature:
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