

## RELEASE AND WAIVER OF LIABILITY

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the “Release”) executed on this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year), by \_\_\_\_\_, “participant”, and (in the case of a minor child) \_\_\_\_\_, the parent having legal custody and/or the legal guardian of the student (the “Guardian”), in favor of St. John Student Parish.

The Participant (and Guardian) does hereby, voluntarily, and without duress executes this Release under the following terms:

1. Release and Waiver: Participant (and Guardian) does hereby release and forever discharge and hold harmless St. John Student Center and its assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Student/Volunteer’s Activities with St. John Student Center.

Participant (and Guardian) understands that this Release discharges St. John Student Center from any liability or claim that the Participant may have against St. John Student Center with respect to any bodily injury, personal injury, illness, death or property damage that may result from Student/Volunteer’s activities with St. John, whether caused by the negligence of St. John Student Center or its employees or agents or otherwise. Participant (and Guardian) also understands that St. John Student Center does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

2. Medical Treatment: Participant (and Guardian) does hereby release and forever discharge St. John Student Center from and claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Student/Volunteer’s activities with St. John Student Center or (in case of a minor child) with the decision by any representative or agent of St. John Student Center to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.
3. Assumption of the Risk: The Participant (and Guardian) understands that the activities includes work that may be hazardous to the Student/Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. Participant (and Guardian) hereby expressly and specifically assumes the risk of injury or harm in the activities and releases St. John Student Center from all liability for injury, illness, or death, or property damage resulting from the activities.
4. Insurance: The Participant (and Guardian) understands that St. John Student Center does not carry or maintain health, medical, or disability insurance coverage for any Student/Volunteer.

Each Participant is expected and encouraged to obtain his her own medical or health insurance coverage.

**IN WITNESS WHEREOF, PARTICIPANT (AND GUARDIAN) HAS EXECUTED THIS RELEASE AS OF THE DAY AND YEAR FIRST ABOVE WRITTEN.**

**Signature of Participant:** \_\_\_\_\_ **Signature of Witness:** \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ *(For Participant under 18)*

Witness: \_\_\_\_\_ *(For Parent of Participant under 18)*

**Permanent Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone: (Home)** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

In case of emergency please contact:

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone (1)** \_\_\_\_\_

**Phone (2)** \_\_\_\_\_

**Do we have permission to share your medical information with this person** \_\_\_\_\_  
(please initial)

Insurance Information:

**Card Number:** \_\_\_\_\_ **Carrier:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**PLEASE FEEL FREE TO ATTACH A COPY OF YOUR INSURANCE CARD TO THE BACK OF THIS FORM.**