## HISTORIC ST. BONIFACE CATHOLIC CHURCH

St. Meinrad Catholic Church

FULDA, INDIANA visit @ sbcatholic.church

ST. MEINRAD, INDIANA visit @ smcatholic.church

PO Box 8 St. Meinrad, IN 47577 Phone 812.357.5533 Email smeinrad@psci.net

## GENERAL LIABILITY RELEASE & WAIVER OF CLAIMS

ARK ENCOUNTER TRIP – SATURDAY, APRIL 7, 2018

In consideration of the acceptance of	ME – FIRST MIDDLE	and their participation
in the ARK ENCOUNTER TRIP and as an SATURDAY, APRIL 7, the undersigned agrees of Catholic Church, its promoters, beneficiaries, any and all subcontractors, employees, or voludeath or injury to their person, for any loss duconsequential or incidental damages caused attributable to the absence of ordinary or even Furthermore, each of the undersigned DOES against the trip organizers which he or she RELEASE AND HOLD HARMLESS the trip he or she may have from the beginning of time or cause to be brought any suit on any such claim waivers referred to herein shall apply regardle strict liability or ordinary or gross negligence.	inducement to parti- hat Historic St. Boni- sponsors, board, and inteers ("organizers") he to theft of or dam in any manner which slight care by the triph HEREBY WAIVE a may have been rea- organizers from any until present. Each using or cause of action	cipation in the scheduled event on face Catholic Church and St. Meinrad the Archdiocese of Indianapolis, and SHALL NOT BE LIABLE for their age to their property or for any other natever where any such liability is organizers in the conduct of the trip. In any and all claims or causes of action ason thereof AND DOES HEREBY and all claims or causes of action the indersigned further agrees not to bring or acknowledges that the releases and
Each undersigned further acknowledges that the execution of the Release and Waiver is continuing in nature, that it is his or her free and voluntary act. Furthermore, each undersigned intends both that he or she be legally bound hereby, and in the event of his or her death, that this Release and Waiver shall be binding on his or her estate, heirs, beneficiaries or any other successors in interest.		
The undersigned hereby grants full permissio check and to use any photographs, videotapes, to do so without notice or compensation to him the laws of the State of Indiana.	motion pictures, reco	rdings or other records of this trip and
SIGNATURE BELOW VERIFIES THAT UNDERSTANDS THE FOREGOING, IN W hand and the date below written.		
SIGNATURE OF PARTICIPANT, IF OVER AGE 18	SIGNATURE OF	PARENT/GUARDIAN IF PARTICIPANT IS UNDER AGE 18
PRINTED NAME OF PARTICIPANT, IF OVER AGE 18	PRINTED NAME	OF PARENT /GUARDIAN IF PARTICIPANT IS UNDER AGE 18
DATE	DATE	Revised – Release and Waiver – March 2, 2018