

**HISTORIC ST. BONIFACE CATHOLIC CHURCH**  
FULDA, INDIANA

**ST. MEINRAD CATHOLIC CHURCH**  
ST. MEINRAD, INDIANA

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## **GENERAL LIABILITY RELEASE & WAIVER OF CLAIMS**

### **PARISH FAITH FORMATION PROGRAM CATHOLIC SOCIAL MINISTRY – FALL & SPRING SEMESTERS 2018-2019**

In consideration of the acceptance of \_\_\_\_\_ and their participation  
NAME – FIRST MIDDLE LAST

in the **FAITH FORMATION PROGRAM** and as an inducement to participation in the **CATHOLIC SOCIAL MINISTRY SERVICE SITE LOCATIONS SCHEDULED FOR THE FALL & SPRING SEMESTERS 2018-2019**, the undersigned agrees that Historic St. Boniface Catholic Church and St. Meinrad Catholic Church, its promoters, beneficiaries, sponsors, board, and the Archdiocese of Indianapolis, and any and all subcontractors, employees, or volunteers (“organizers”) **SHALL NOT BE LIABLE** for their death or injury to their person, for any loss due to theft of or damage to their property or for any other consequential or incidental damages caused in any manner whatever where any such liability is attributable to the absence of ordinary or even slight care by the trip organizers in the conduct of the trip. Furthermore, each of the undersigned **DOES HEREBY WAIVE** any and all claims or causes of action against the trip organizers which he or she may have been reason thereof **AND DOES HEREBY RELEASE AND HOLD HARMLESS** the trip organizers from any and all claims or causes of action the he or she may have from the beginning of time until present. Each undersigned further agrees not to bring or cause to be brought any suit on any such claim or cause of action or acknowledges that the releases and waivers referred to herein shall apply regardless of whether liability is asserted on the basis of contract, strict liability or ordinary or gross negligence.

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 permission to the trip organizers to conduct a state police records check and to use any photographs, videotapes, motion pictures, recordings or other records of this trip and to do so without notice or compensation to him or her. This Release and Waiver shall be construed under the laws of the State of Indiana.

**SIGNATURE BELOW VERIFIES THAT EACH UNDERSIGNED HAS READ AND FULLY UNDERSTANDS THE FOREGOING, IN WITNESS WHEREOF, participant sets forth in his or her 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 – May 9, 2018