

## **Good Shepherd Parish**

867 Gray's Woods Boulevard State College, Pennsylvania 16803  
(814)238-3706

### **Release, Indemnification and Consent Form -Adults**

I, \_\_\_\_\_, wish to accompany members of Good Shepherd Parish, on a mission trip to Maggoty, Jamaica with the Good Shepherd's Family Mission Trip. I understand that mission trips to a foreign country are inherently risky.

#### **General Indemnification**

I am aware that serious illness or injury may occur on a mission trip and that such illness and injury may result in my incurring costs, expenses, and damages for which I am solely responsible including, but not limited to, my return by air ambulance or other extraordinary means. I also understand that mission trips may be associated with bodily harm, death and/or damage to or loss of personal possessions resulting from, without limitation, inclement weather, transportation accident, or terrorism. **On behalf of myself and my heirs, I personally assume all such risks, whether foreseen or unforeseen by myself or Good Shepherd Parish. With full understanding of the risks that might be encountered, I hereby release and hold harmless Most Rev. Mark L Bartchak, Bishop of the Diocese of Altoona-Johnstown, the Diocese of Altoona-Johnstown, and Good Shepherd Church (hereinafter collectively "Church") from any and all claims as are set forth in this release.**

I hereby release and hold harmless the Church, its officers, employees, agents, representatives, and volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of my participation in this trip. I understand that this release and indemnification, releases liability for the conduct of the Church, and its agents, employees, assigns or volunteers.

I understand that traveling with a group requires my vigilance in remaining with the group. In the event that I become separated from the group, regardless of the reasons for the separation from the group, I assume all responsibility for myself. I understand that the group will not wait for me, miss a flight, or delay transportation because of my absence.

I understand that my daily activities while on the trip may include, but not be limited to physically challenging training, high intensity aerobic activity, hiking and extended periods of walking. Dietary and climate changes may also add to the physical intensity of the trip as well as the high probability of, at some point, experiencing lack of sleep.

#### **Medical Consent**

In participating in this mission trip, certain circumstances may occur resulting in my need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment. In consideration of permission from the Church for me to participate in said missionary group, I authorize the Church, or any designated agent or volunteer of the parish, or medical facility to act on my behalf should I be unable to do so and to consent to all medical/dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery or other procedures which the Church group leaders deem necessary for my medical well-being for the duration of the mission. This consent is given in advance of any specific diagnostic tests, treatment, surgery or medications, and is given to provide authorization and specific consent for medical/dental treatment and care on my behalf. Any consent by the Church group leaders shall have the same force and effect as if I had personally given the consent. **I relieve the Church, its officers, employees, agents, representatives, and volunteers from all responsibility and consequences that may arise as the result of this treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling and authorizing such treatment.**

I certify that I have personal health insurance, including foreign countries, with no territorial limitation, for the providing of medical services to me which will provide coverage for me during the duration of said mission. I understand that the Church provides no health insurance plan. I have listed all of my medical conditions that I am aware of, and medications I am taking on the medical form.

\_\_\_\_\_  
(Signature of Adult Participant)

\_\_\_\_\_  
(Date)