

## LIABILITY RELEASE FORM

In signing this form, I \_\_\_\_\_, agree not to hold the Diocese of South East Florida its officers, employees, or other agents liable for any injury, loss, damage, or accident that I might encounter while on one of their missions trips.

I realize and acknowledge that my participation on a mission trip to a foreign country includes many risks and possible dangers. I am well aware that my travel to such a foreign country exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, and other calamities.

I hereby assume any such risks that might result from my travel to a foreign country, and I unconditionally agree to hold the Diocese of Southeast Florida its officers, employees, or agents blameless for any liability concerning my personal health and well being, or any liability for my personal property that might be lost, damaged or stolen while on a mission trip.

I have carefully read the foregoing and I understand that my signature herein hold the Diocese of Southeast Florida, its officers, employees, or other agents harmless for any liability for injury, damage, loss, accident, delay or irregularity in schedule.

Signature \_\_\_\_\_

DATE: \_\_\_\_\_ WITNESSED BY: \_\_\_\_\_

**NOTARY:**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ ON THIS DAY  
OF \_\_\_\_\_ 20\_\_\_\_, BEFORE ME PERSONALLY APPEARED  
\_\_\_\_\_ TO BE KNOWN TO BE THE  
PERSON(S) WHO EXECUTED THE ABOVE RELEASE, AND ACKNOWLEDGE  
THAT \_\_\_\_\_ VOLUNTARILY EXECUTED SAME.

NOTARY PUBLIC: \_\_\_\_\_  
DATE OF EXPIRATION OF NOTARY COMMISSION: \_\_\_\_\_

NOTARY SEAL