



Catholic Mission Trips Inc.  
43508 Postrail Sq.  
Ashburn, VA 20147  
[www.catholicmissiontrips.net](http://www.catholicmissiontrips.net)

## EMERGENCY RELEASE AND RIGHT OF REPRESENTATION

I, \_\_\_\_\_, in consideration of my participation on this mission trip to \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_ represent and agree that:

1. I am prepared physically, emotionally, mentally and spiritually for this trip. The scheduling, environment and travel conditions are not adverse to me. I will be flexible and have a servant attitude.
2. I grant to any of the Catholic Mission Trips, Inc., leaders or their contracted agents the right to represent me in decisions relating to my welfare or the group welfare during the trip. I will follow the suggestions made on my behalf.
3. I understand the administrative role that Catholic Mission Trips, Inc., plays in putting together our mission trip. I also understand that the mission trip will be handled by a representative of Catholic Mission Trips, Inc., and I will follow all rules and guidelines stated either orally or written.
4. I hereby grant any of the Catholic Mission Trips, Inc., leaders or their contracted agents my permission to authorize medical treatment and medication on my behalf. I will not hold any of the Catholic Mission Trips, Inc., leaders or their contracted agents responsible for the results of such treatment, medications or decisions made on my behalf.
5. I attest and certify that I am physically fit and have no medical conditions that would prevent me from performing my assigned duties which may include heavy lifting and long hours in the heat. I am aware of the strenuous work and conditions and I accept these risks.
6. I give permission to Catholic Mission Trips, Inc., to use photographs and videos in which I appear for promotional purposes.
7. I am aware of the Centers for Disease Control travel advisory and I accept all travel risks during the COVID pandemic. I am informed of all necessary precautions to take before, during, and after travel including but not limited to pre-travel testing, vaccination, pre-travel quarantining and post-quarantining, found at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>. I agree not to hold Catholic Mission Trips, Inc. liable for any risks, death, hospitalizations, and/or symptoms associated with COVID-19 and the variant strains.

8. I waive any and all claims for damages against Catholic Mission Trips, Inc., Mission Trips, Inc., leaders, or their contracted agents, arising from death, injury, illness, inconvenience, or in property damage or loss occurring as a result of this mission trip for any reason including but not limited to any negligent act or acts of Catholic Mission Trips, Inc., Catholic Mission Trips, Inc., leaders or their contracted agents which may in any way cause death, injury, illness, inconvenience or property damage or loss to me. I have read this release in its entirety, understand its contents and agree to them of my own free will.

9. Governing Law/Venue: In accepting service from us then this agreement shall be governed only by the laws of the State of Texas. Venue for any action hereunder shall be in Collin County, of the State of Texas.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

(Parent Signature if under 18)

### Notary Acknowledgement

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, before me, a Notary Public in  
and for said state, personally appeared  
known to me to be the person who  
executed the within agreement and  
acknowledged to me that he/she  
executed the same for the purpose  
therein stated.

Notary  
Public \_\_\_\_\_

My commission  
expires \_\_\_\_\_