

HONDURAS - SAINT BASIL THE GREAT  
STATEMENT OF RESPONSIBILITY/WAIVER AND RELEASE

I, \_\_\_\_\_, would like to participate in the Mission to Honduras offered by St. Basil the Great (hereinafter referred to as "St. Basil") during the period of \_\_\_\_\_ (hereinafter referred to as the "Program"). In exchange for St. Basil's agreement to allow me to participate in the Program and to provide the insurance referred to in Paragraph 2 below, I individually, and for my family, estate, heirs, executors, successors and assigns (hereinafter collectively referred to as "Participant") agree as follows:

1. Participant acknowledges that there are risks involved with international travel. Participant understands the nature of the Program, and has been given the opportunity to ask questions about the Program, including questions about travel to and from the Program. Participant understands that St. Basil does not require him/her to participate, but he/she wants to do so, despite any risks associated with the Program, and pursuant to this statement of responsibility, waiver and release ("Statement"). Participant acknowledges that he/she willingly and knowingly assumes the risks associated with the Program and with travel to and from the Program.
2. Participant represents and warrants that he/she is and will be covered throughout the Program by a policy of comprehensive and accident insurance providing coverage for injuries and illnesses he/she sustains or experiences abroad or during travel outside the United States. Participant absolves St. Basil, The Roman Catholic Diocese of Cleveland and, the Bishop of the Roman Catholic Diocese of Cleveland, as well as their respective employees, agents, representatives, sponsors and volunteers (individually and in their official capacities) (hereinafter collectively referred to as the "Released Parties") from all responsibility and liability for any injuries, claims, damages, charges, bills and/or expenses Participant may incur during the Program, including travel to and from the Program.
3. Participant understands that St. Basil reserves the right to decline, accept or retain him/her in the Program at any time should his/her behavior impede Program operations or threaten the rights or welfare of any person. Participant understands that St. Basil may, in its sole discretion, cancel the Program before departure or cancel the Program after departure and require all participants return to the United States, if St. Basil determines that proceeding with the Program will subject participants to increased danger. Participant understands that in such an event, no refund will be made and Participant will bear his/her share of any costs associated with the decision to cancel the Program and return to the United States.
4. In exchange for the opportunity to participate, Participant personally assumes all risks in connection with his/her participation in and travel to and from the Program. Additionally, Participant releases the Released Parties from any and all claims, judgments, and liability for any injury, including but not limited to personal injury and death, or damage to property, including but not limited to total loss, arising out of or in any manner related to his/her participation in and travel to and from the Program. Participant agrees to indemnify, defend, and hold harmless the Released Parties from any and all liability, losses, damages, judgments, or expenses, including attorney's fees, that they may incur or sustain in connection with his/her participation in and travel to and from the Program. Participant understands that this statement covers any and all claims, including but not limited to, negligence, and failure to supervise, against any of those mentioned above. Furthermore, Participant acknowledges that it is his/her responsibility to provide adequate health insurance for him/herself.

5. Participant agrees that this Statement is to be construed under the laws of the State of Ohio, and that if any portion is held to be invalid; the balance shall remain in full force and effect. Participant has read this statement in its entirety. Participant understands its terms and agrees to be legally bound by it.

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Participant's name (print)	Signature	Date
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Witness's name (print)	Signature	Date
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Fr. Walt Jenne (on behalf of Released Parties)	Signature	Date
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ST. BASIL THE GREAT  
STATEMENT OF RESPONSIBILITY/WAIVER AND RELEASE

I, \_\_\_\_\_, would like to participate in the Mission Program to Honduras offered by St. Basil the Great ("St. Basil") during the period \_\_\_\_\_ . In exchange for St. Basil's agreement to allow me to participate in this Program, I agree as follows:

I understand that there are risks involved with international travel. I understand the nature of the Program and have been given the opportunity to ask questions about the Program and travel to and from the Program. I understand that St. Basil does not require me to participate, but I want to do so, despite any risks and despite this statement of responsibility, waiver and release.

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Participant's name (print)

Signature

Date

Sworn to before me and subscribed in my presence this:

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Notary Public