

Hello! We are SO excited for our Mission Trip this week! Sorry for the delay in getting the paperwork to you, I wanted to make sure we only sent you one PDF with all of the waivers. Please read through the entire email for some very important details about our trip!

1. **DROP OFF** will be at 8:00 am SHARP on Thursday, June 28th at Santiago Retreat Center (27912 Baker Canyon Rd., Silverado, CA 92676). We have a lot to get done once we arrive at the retreat center :) We will be in the "St. Augustine" Meeting Room.

2. **PICK UP** will be at Holy Spirit Catholic Church on Monday, July 2 at 11:00 am.

3. **MONEY FOR FRIDAY:** Each missionary will need to bring money for Friday's lunch! We will cover the train ticket cost, but please bring money for lunch and souvenirs (if you would like to buy anything).

4. **COST:** The total cost per student is \$225 (If you have already paid the \$50 deposit, you only owe \$175). Please make checks payable to Holy Spirit Catholic Church and mail in/drop off before the mission trip, or bring it with you to the retreat center.
Thank you!!

5. **PAPERWORK:** The paperwork is attached. Please bring **all** paperwork with you already filled out, when you arrive at Holy Spirit.

6. **EMERGENCY CONTACT:** In case of emergency, you can contact me on my cell phone, (714) 330-4063. Unfortunately, there is very limited phone service at the retreat center, but I will do my very best to get back to you quickly. During normal office hours, feel free to contact, (714) 649-9800 for the retreat center.

7. **PACKING LIST:**

-Shorts (modest length!!!)

-T-shirts

-Jeans (most sites require that you wear jeans), you may also bring yoga pants, but please

make sure to bring jeans too!

-Sweatshirt/Jacket

**** Appropriate attire**** for doing service and for Mass (we have Mass everyday at 5:30!

Modest!)

-Running/hiking shoes/closed toed shoes for service

-Towel

-Sunscreen

-Bug Repellant

-Bathing suit (appropriate)

-Sleeping Bag & Pillow

-Toiletries

-Flashlight

-Reusable water bottle

-Games (outdoor/indoor-labeled with your name)

*If you are 16+ please bring hard sole shoes/boots (to avoid nails/for safety) for one of the Habitat work sites.

*Snack or Drink to share (pack of 12 or 24)

Followed below are all the needed forms, please print and fill out **ALL** of them.



SITE SPECIFIC VOLUNTEER LIABILITY FORM

and Media Authorization and Release

LOCATION: _____

DATE: _____

Last Name: _____ First Name: _____ DOB: _____

E-mail: _____ Phone: _____

In case of emergency, please contact:

NAME: _____

RELATIONSHIP: _____

PHONE: _____

HEALTH INFORMATION

In case of an emergency the following information may be needed by a hospital or medical practitioner:

Date of last tetanus shot, if known: _____

Allergies: _____

Please include information you think an emergency medical person should have:

Health Insurance Coverage:

Company: _____

Group or Individual ID #: _____

MEDIA AUTHORIZATION AND RELEASE

Volunteer and Guardians do hereby grant and convey unto Habitat all right, title and interest in any and all photographic images and video or audio recordings made by Habitat during the Volunteer's activities with Habitat, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs and recordings.

The undersigned affirm that they are more than 18 years of age and that they are competent to sign this contract on their own behalf. The undersigned acknowledge that they have read the foregoing authorization and release and that they fully understand its contents.

 Signature _____ Date _____

ASSUMPTION OF RISK AND RELEASE AGREEMENT

This Assumption of Risk and Release Agreement ("Release") is made by me, the undersigned Participant, as of the date set forth below, as follows:

1. I have voluntarily applied to Habitat for Humanity of Orange County ("Habitat for Humanity") to participate in construction and other related activities at various locations in Orange County. Some of these related activities include, but are not limited to, the salvaging of salable materials from various locations in Orange County ("Deconstruction"), and assisting at the Habitat ReStores. All of the activities referred to in this paragraph are referred to collectively as "Habitat Activities."
2. As consideration for being permitted by Habitat for Humanity to participate in Habitat Activities and use their tools and facilities, I agree that neither I nor my assignees, heirs, distributees, guardians or legal representatives will make any claim against, sue, or take any other action against Habitat for Humanity, or the suppliers of any of the tools or equipment I may use in Habitat Activities (collectively, "Released Entities"), for injury or damage to me, my property or to any other person or property, resulting from or arising out of my participation in any Habitat Activities, whether caused by or resulting from the negligence or other acts or omissions of Habitat for Humanity or the Released Entities.
3. I release Habitat for Humanity and the Released Entities from all actions, claims, or demands that I or my assignees, heirs, distributees, guardians and legal representatives now have or may hereafter have for injury or damage resulting from my participation in any Habitat Activities.
4. I understand that Habitat for Humanity and the released entities do not carry or maintain health or disability insurance coverage for any volunteer. I release and forever discharge Habitat for Humanity and the Released Entities from any action, claim or demand whatsoever which arises or may hereafter arise on account of any first aid or medical treatment rendered to me. I understand that EACH VOLUNTEER IS EXPECTED TO HAVE ADEQUATE HEALTH INSURANCE COVERAGE IN EFFECT AT ALL TIMES WHILE PARTICIPATING IN HABITAT ACTIVITIES.
5. This Release is intended to be as broad and inclusive as permitted by the laws of the State of California. I understand that I may later discover claims, facts, actions, losses or damages and it is my intention to fully and completely waive and release Habitat for Humanity and the Released Entities from all such unknown matters and claims. This Release shall be governed by and interpreted in accordance with the laws of the State of California. If any clause in this Release is made invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.
6. **I AM AWARE THAT CONSTRUCTION AND DECONSTRUCTION ARE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THE HABITAT ACTIVITIES, INCLUDING CONSTRUCTION AND DECONSTRUCTION, WITH FULL KNOWLEDGE OF THE DANGERS INVOLVED AND THAT MEDICAL FACILITIES MAY NOT BE AVAILABLE IN THE EVENT OF INJURY TO ME. I ACCEPT ANY AND ALL RISKS OF INJURY OR**

DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE:  _____

I HAVE CAREFULLY READ THIS ASSUMPTION OF RISK AND RELEASE AGREEMENT AND I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND HABITAT FOR HUMANITY. I AM SIGNING THIS RELEASE OF MY OWN FREE WILL.

 **Participant Signature:** _____

Habitat volunteers must be 16 years of age or older when the construction site is utilizing power tools/equipment. Parental signature is mandatory for volunteers under 18 years old.

(Parent/Legal Guardian Name- PLEASE PRINT)

(Parent/Legal Guardian Signature)



VOLUNTEER INTEREST FORM

Personal Information

Name: _____

DOB (MM/DD/YY): ____ / ____ / ____

Gender: M F

Cell Phone: _____

Home Phone: _____

Email: _____

Street Address: _____

City, State: _____

Zip: _____

For grant purposes, please provide an answer to the following:

Are you a veteran? Yes No

Tell Us Your Interests

Please indicate your area(s) of interest. You may be contacted when/if we have a need in that specific area:

- Ambassadors
- Construction
- Global Village
- Office
- ReStore
- Other: _____
- Faith Relations
- Family Services
- Hospitality
- Photography
- Women Build

To sign up for construction, ReStore or hospitality volunteer opportunities, please register on VolunteerHub through the Habitat website, www.habitatoc.org. You will find volunteer sign up instructions under the "Get Involved" tab.

Emergency Contact Information

Name: _____

Relationship: _____

Phone: _____

Group Information

If you are volunteering with a group, please provide the following information:

Company or Church Name: _____

Address: _____

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The undersigned affirm that they are more than 18 years of age and that they are competent to sign this contract on their own behalf. The undersigned acknowledge that they have read the foregoing authorization and release and that they fully understand its contents.



Signature: _____ **Date:** _____

Please print name: _____

For Office Use Only:

Vol Signature: _____

Raisers Edge: _____

Attend Hab Night: _____

DIOCESE OF ORANGE

MINOR PERMISSION, MEDICATION NOTIFICATION & RELEASE FORM

PROGRAM:
DATE:

LOCATION:
TIME(S):

PARTICIPANT INFORMATION: *please print all information*

Participant's Name: _____ Date of Birth: ___/___/___
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Student Cell: (____) _____
Parent/Guardian Name (s): _____ / _____
Father's Cell Phone/Pager: (____) _____ Mother's Cell Phone/Pager: (____) _____

EMERGENCY CONTACT: *Secondary Person to contact in case of emergency (adult of another household):*

Name: _____ Relation: _____ Phone: (____) _____

MEDICATION NOTIFICATION: *During the above named activity my son/daughter has my permission to take the following:*

Choose at least one:

- My son/daughter will be taking a prescription medication.
Name of medication: _____ Dosage: _____ Times per day: _____
- My son/daughter will be taking a non-prescription medication.
Name of medication: _____ Dosage: _____ Times per day: _____
- My son/daughter will not be bringing any medications, but I authorize, if needed, Youth Ministry leaders to give my child non-prescription, over-the-counter, medications:

Notes:/Allergies/Medical Problems/Special Dietary Requirements: _____

I, the Parent (guardian) of _____, hereby give my permission for his/her participation in the above named activity. I agree to direct my child to cooperate and conform to directions and instructions of parish, school, or diocesan personnel responsible for this activity.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that she/he may suffer as a result of his/ her participation in the activity described above, whether or not such injuries or damage are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child is injured as a result of his/her participation in the above named activities, including transportation to and from these activities, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/ her to participate in any activity.

I, hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I, hereby waive any rights to compensation or any right that I otherwise might have to limit or control such making or use.

I, hereby give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

This form expires on _____ (one month following end of activity)

Both parents/guardians are asked to sign whenever possible or applicable

PARENT/GUARDIAN'S SIGNATURE _____ **DATE:** ___/___/___

PARENT/GUARDIAN'S SIGNATURE _____ **DATE:** ___/___/___

DIOCESE OF ORANGE BEHAVIORAL CONTRACT

PROGRAM:
DATE:

LOCATION:
TIME(S):

I, _____, agree to follow all rules and directions at the stated above event.

(Please initial upon reading each item.)

___ I agree to have a fun and respectful attitude and participate fully in all activities and talks of the day.

___ I agree to follow all rules and directions of the driver and the chaperones.

___ I agree not to bring chewing gum, cigarettes, chewing tobacco, cigarette lighters or matches.

___ I agree to respect the other participants that will be attending this training.

___ I agree to stay within the boundaries of the location stated above

___ I agree not to bring (or turn off/put away) all CD players, cell phones, video games, newspapers, books, homework, magazines, no iPods, MP-3's, or anything else that would be a distraction.

___ I agree to be back on time from all breaks and free time.

___ I agree to no romance of any form

___ I agree not to use profane language.

___ I agree not to steal and to respect the property of others.

___ * I agree to no inappropriate sexual behavior.

___ * I agree not to bring knives, guns, weapons of any kind or the use of anything as a weapon.

___ * I agree not to bring or use alcohol, or drugs of any kind.

___ * I agree not to bring stink-bombs, firecrackers or any other type of explosives.

I understand and agree to these rules and guidelines and I understand that if the Diocesan Leadership Team and my Youth Minister believes that my behavior warrants my being asked to leave the event, I will be sent home and my parents will be held responsible for my transportation and financially responsible for any damage that I have caused.

The starred () items above warrant an immediate call to Parents and immediate dismissal from the event, as well as possible involvement of legal authority if warranted.*

Participant's Signature

Parent's Signature

Date

**FOR PARENTS/LEGAL GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold Ronald McDonald House Charities® of Southern California and any of its programs harmless from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, to the fullest extent permitted by law.

Parent/Legal Guardian Signature

Date

Emergency Contact Name

Emergency Contact Number

Photo Release – Please complete and sign the photo release below

**Ronald McDonald House Charities of Southern California®
Grant, Assignment, Release and Waiver**

I hereby grant to Ronald McDonald House Charities of Southern California® (RMHCSC), its affiliates, subsidiaries, advertising and promotional agencies, and their agents and representatives (collectively, "RMHCSC"), the irrevocable, unrestricted worldwide right to use, publish, display, broadcast, edit, modify and distribute materials bearing my name, voice, image, likeness and/or any other identifiable representation of myself (collectively, "My Likeness"). These materials may appear in any form, style, color or medium whatsoever now known or later developed (including, without limitation, photographs, videotapes, films, sound recordings, software, drawings, prints, broadcast, internet and electronic media).

I agree that all materials containing My Likeness (including, without limitation, all negatives, plates and masters of any photographs, files, prints or tapes) shall be and remain the sole and exclusive property of RMHCSC, and I hereby assign any right I may have acquired in or to such material to RMHCSC. I hereby release and forever discharge RMHCSC from any and all claims, liabilities and damages relating to the use of My Likeness.

I hereby waive any right I may have to inspect or approve the finished materials or any part or element thereof that incorporates My Likeness.

I have agreed to the above in consideration of the opportunity given to me by RMHCSC to appear in these materials. I acknowledge that I have fully read and understand this document and that I have had any questions regarding its effect or the meaning of its terms answered to my satisfaction. I certify that I am at least 18 years of age, unless this document is also signed by my parent or legal guardian.

Name (please print)

Signature

Address

Date Signed

City, State, Country, Zip/Postal Code

I represent that I am a parent or legal guardian of the person identified above, who is a minor. I understand the above and consent to the use of his/her Likeness as set forth above.

Signature of Parent or Guardian

Minor's Date of Birth

Name of Parent or Guardian (please print)

ASSUMPTION OF RISK, RELEASE OF LIABILITY and INDEMNIFICATION AGREEMENT

[This document affects your legal rights, PLEASE READ all pages carefully before signing]

ACTIVITY (Name of event/camp/retreat): _____

DATES ON PROPERTY: _____

ASSUMPTION OF RISK: I, (print name) _____
("Participant"), am voluntarily using the premises and surrounding natural/rural environments, including all roadways and trails located on Assessor Parcel Numbers 105-051-02, 67, 69, 71, 72, 75, 79, 81, 82; 105-031-82, 86; and 105-040-09 ("Property"), as well as the facilities, equipment, and services related to the Property ("**Facilities**"). I am also voluntarily participating in various indoor and outdoor activities, including, but not limited to musical events, games, crafts, meals, food service, sleeping/bathroom accommodations, hiking, camping, campfires, rock climbing, biking, swimming, team sports, mud run, challenge/low rope courses, playground apparatuses, encounters with wildlife and vegetation, and all other such indoor/outdoor activities in connection with the Activity referenced above ("**Activities**"). I recognize and appreciate the dangers, hazards, and risks associated with my presence on the Property, use of the Property/Facilities, and participation in the Activities, which include dangers inherent to each, such as insects, rodents, snakes, mountain lions, bobcats, coyotes, poison oak, fallen or falling trees/rocks, wildfires, dimly lit Property at night, unimproved/rural terrain and roadways, unmarked trails, falls, fractures, concussions, injuries from lack of fitness, overexertion, overheating, equipment and utility service failures, poor reception, WiFi/internet connection, and communication services, collisions with moving or parked vehicles/equipment, inclement weather conditions, negligence of the Released Parties (defined below), other Participants and/or third-parties using the Property/Facilities, and the unavailability of immediate, appropriate medical attention in case of injury or emergency. I understand and acknowledge that the above list is not complete or exhaustive and that the dangers, hazards, and risks listed above, as well as others, known or unknown, anticipated or unanticipated, may also exist and result in illness, disease, injury, permanent disability, death, and/or property damage. I acknowledge that I have fully considered the dangers, hazards, and risks associated with my presence on the Property, use of the Property/Facilities, and participation in the Activities, and I KNOWINGLY AND VOLUNTARILY ASSUME THEM AS WELL AS ALL RESPONSIBILITY FOR ANY AND ALL INJURIES AND LIABILITIES ARISING FROM THEM.

RELEASE OF LIABILITY: In consideration for receiving the benefit of using the Property/Facilities and participating in the Activities, I HEREBY WAIVE, RELEASE AND DISCHARGE any and all claims, loss, liability, demands, causes of action, expenses (including attorney's fees), damages or suits of any type against Santiago Retreat Center, Custos Terrae, ACE Silverado LLC, Fidelis Servus LLC, Daniel and Diane Dulac, and their respective affiliates, officers, directors, agents, employees, volunteers, sponsors, contractors, vendors, insurers, successors in interest, assignees, attorneys, or representative of any kind ("**Released Parties**"), which may arise from or relate to my presence on the Property, use of the Property/Facilities, or participation in the Activities, including transportation to and from the Property ("**Released Claims**"). The Released Claims include without limitation any physical, emotional, or mental injury, or property damage that I may suffer as a result of my presence on the Property, use of the Property/Facilities, or participation in the Activities, even if caused, contributed to, or made more serious by the active or passive negligence, negligence per se, strict liability, or statutory fault of the Released Parties, to the maximum extent permitted by law, except as may arise from the gross negligence and intentional misconduct of the Released Parties. The Released Claims also include losses arising out of any condition of the Property or Facilities, or the conduct of any person in connection with the preparation for, supervision of, or conduct of the Activities, whether planned or unplanned. I understand and agree that this Assumption of Risk and Release of Liability means, among other things, that if I suffer an injury, loss, or damage, become ill, permanently disabled, or die, or incur property damage as a result of my presence on the Property, use of the Property/Facilities, or participation in the Activities, I, my family, heirs, estate, next of kin, executors, administrators, assigns, guardians, and any individual on my behalf, CANNOT SUE the Released Parties, or any of them, for the Released Claims.

INDEMNITY AGREEMENT: In consideration for receiving the benefit of using the Property/Facilities and participating in the Activities, I FURTHER AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS the Released Parties from and against any and all liabilities, claims, demands, losses, damages, including court costs and attorney's fees and expenses (including discovery and investigation costs), or injuries (including death), of any kind or nature whatsoever, whether related to bodily injury, property damage or any other form of injury or loss, which arise from or allegedly arise out of my presence on the Property, use of the Property/Facilities, or participation in the Activities, including any and all Released Claims (defined above), injuries, liabilities, claims, demands, losses, and damages arising out of or relating to the Released Parties' active or passive negligence, sole or contributory negligence, negligence per se, statutory fault, or strict liability, except as may arise from the gross negligence and intentional misconduct of the Released Parties.

CONSENT TO TREAT: I understand and acknowledge that there are no medical facilities on the Property, and I do not have immediate access to medical providers or treatment. I understand that the Released Parties assume no responsibility for providing medical care or transportation to medical facilities. However, in the event of illness, injury, emergency or accident, I give my consent to the Released Parties' employees, agents, and volunteers to provide me/my child with basic First Aid, CPR and/or standard comfort measures, which include the use of over-the-counter medications. In the event I/my child has greater health care needs than first aid can provide, I authorize the Released Parties to arrange for, or provide, any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment, and I do assume all responsibility for payment for such treatment and transportation. Permission is hereby given to the medical provider selected by the Released Parties' agent/adult in charge to secure and administer any and all medical treatment deemed necessary for me/my child, including hospitalization, anesthesia, surgery, or injections of medication.

Release and Indemnity for Medical Expenses and Treatment: I agree to indemnify, defend, and hold harmless the Released Parties for any costs incurred to treat me/my child, even if a Released Party has signed documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, the Released Parties from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, or injuries sustained as a result of the active or passive negligence, negligence per se, statutory fault, or strict liability of the Released Parties. I understand this waiver does not apply to injuries caused by the gross negligence and intentional misconduct of the Released Parties.

Consent to Photograph: I hereby grant the Released Parties the absolute right and permission to use, publish, reproduce, distribute, exhibit, sale and/or copyright any photographs, film, videos, electronic representations and/or sound recordings of myself or my child engaged in Activities at the Property. I hereby release the Released Parties from liability for any violation of any personal or proprietary right I/my child may have in connection with such uses/actions. I specifically waive any right to compensation I/my child may have for appearing in any of the foregoing, and I/my child waive any right to inspect and/or approve the finished materials where my/my child's image appears.

SEVERABILITY: The invalidity or unenforceability of any part of this Assumption of Risk, Release of Liability, Indemnification Agreement, and Consent ("**Agreement**") shall not be deemed to affect the validity or enforceability of any other part. I agree that the remaining provisions shall be deemed to be in full force and effect as if they had been executed by me subsequent to the expungement of the provision(s) held to be invalid or unenforceable.

SIGNATURES: Signatures transmitted by facsimile or other electronic means such as email shall be deemed to be their original signatures for all purposes.

(Initial)_____ If English is not my native/primary language, I represent and warrant that I have had this Agreement translated and explained to me, and that I fully understand the scope and nature of each and every provision.

Acknowledgment: I acknowledge that I have carefully read this Agreement, fully understand its contents and am voluntarily executing this Agreement of my own free will after having the opportunity to consult with legal counsel. I further acknowledge and understand that this Agreement will absolve and release the Released Parties from all liability in connection with all injuries/loss/damages suffered as a result of the condition of the Property/Facilities, my presence at or use of the Property/Facilities, and/or my participation in the Activities, and that I am giving up rights to sue the Released Parties for such injuries. I also understand and agree that all terms of this Agreement shall be binding on me as well as my estate, heirs, executors, administrators, guardians, and assigns.

Signature: _____ Date: _____

Email: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

FOR PARTICIPANTS UNDER THE AGE OF 18

I represent and warrant that I am the parent or legal guardian of the minor/child Participant whose name appears above. I have read and understand this Agreement, and in consideration for the Participant (named above) to use the Property/Facilities and participate in the Activities, I accept and agree to each and every provision in this Agreement, on behalf of my child. I also accept and agree that all terms of this Agreement, including the Assumption of Risk, Release of Liability, Indemnification Agreement, and Consent provisions shall apply to the minor on whose behalf I make this Agreement, and to myself, my spouse, my family, my heirs, and next of kin. As such, I hereby agree to RELEASE, HOLD HARMLESS, DEFEND AND INDEMNIFY the Released Parties from all liabilities and claims in any way related to my child's presence on the Property, use of the Property/Facilities, and/or participation in the Activities, including any and all Released Claims.

Signature of **Parent/Legal Guardian** _____ Date: _____

Print Name: _____ Email: _____

Emergency Phone Number(s): _____