

Diocese of Venice
1000 Pinebrook Rd., Venice, FL 34285
(941) 484-9543

**CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION
FOR FOREIGN TRAVEL**

NAME OF PARTICIPANT _____ DOB: _____

PARISH/SCHOOL/DIOCESAN ORG: _____

TRIP/EVENT: _____ COST: _____

PLACE OF EVENT: _____ DATES _____

PLACE & TIME OF DEPARTURE/RETURN: _____

MODE(S) OF TRANSPORTATION: _____

I, for myself or as the parent/legal guardian of the above named minor, request permission for myself/my child to participate in the above referenced event and in consideration for the agreement by the parish/school/diocese to include me/my child, and intending to be legally bound, do hereby make the following acknowledgments, agreements and promises:

1. I expressly acknowledge that there are many risks inherent in traveling to a foreign country, including but not limited to serious illness, injury or death. I expressly agree to assume these risks;

2. I hereby release, discharge and covenant not to sue the Most Rev. Frank J. Dewane, Bishop of the Diocese of Venice, individually and as a corporation sole, the above Parish/School/Diocese; and their employees, agents and volunteers (hereinafter Releasees), from any claim, demand, action, or liability whatsoever on account of injury to the person or property of participant in conjunction with said event, including but not limited to any loss I may incur from any illness, injury, disease; any act of God, fire, enemies, terrorism, pirates or assailing thieves; any travel to and from or within the foreign country, whether any of these acts are caused by the negligence of the Releasees or otherwise;

3. I hereby agree to indemnify and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur incident to participant's participation in the above event, whether caused in whole or part by the negligence of Releasees or otherwise.

4. I hereby release and hold harmless the Releasees from any and all claims any person may have through me in a court of law, including but not limited to, a surviving spouse or other legal representative, whether or not said claim or injury results from the negligence of Releasees or otherwise.

5. I further represent that participant is covered by travel or accident/health insurance and I agree to maintain this coverage in full force and effect for the duration of the trip. I have completed a Medical Authorization which is on file with the sponsoring parish/school/diocese in the event emergency medical care is required.

Parent/Guardian Signature _____ Date: _____

Or

Adult Participant Signature _____ Date: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____,
by _____, [] who is personally known to me OR [] has produced
_____ as identification

Notary Public, State of Florida At Large

My Commission Expires:

**Please return this form to
the school or parish office.**