

VOLUNTEER PARTICIPATION AGREEMENT

Date of Mission Trip: _____

Destination: _____

Name of Participant: _____

WHAT TO EXPECT FROM THIS TRIP

Hundreds of volunteers have participated in many prior mission trips and the vast majority of them have reported that their participation was a wonderful life enriching experience. Some common traits participants share are a desire to serve and care for those in need and a desire to enrich their personal and spiritual life. The Dominican Republic is a third world country and therefore you will be entering a world very different from the world you enjoy here in the United States. As is typical with third world countries the Dominican Republic is a very poor country with limited access to sanitary conditions (including water/sewer facilities and food processing capabilities), limited resources to eradicate infectious diseases and even more limited medical/hospital facilities and healthcare providers.

You should become familiar with safeguards you can take to prevent yourself from becoming sick during the mission trip. You should consult with your family physician regarding your own unique medical condition(s). Please refer to www.cdc.gov if you have any particular medical conditions or concerns. It is your responsibility to bring to the attention of the mission leadership team any special medications or if you have allergies to medications.

WHAT THE MISSION TEAM WILL EXPECT FROM YOU

You will be expected to conduct yourself at all times in a professional, courteous and compassionate manner. Remember that many of the personal liberties and rights that we enjoy at home may not be available in foreign countries such as the Dominican Republic. The most common cause for arrest while traveling is the violations of drug laws. The Dominican Republic has very strict laws against the use, possession, or sale of illegal drugs.

EXPRESS ASSUMPTION OF RISK AND RELEASE

I have read and understand this Volunteer Participation Agreement and agree to abide

by the terms set forth herein. In consideration of being permitted to participate in the above referenced mission trip, I do, for myself, my heirs, legal representatives and assigns hereby release, waive and discharge each of the participants in this mission trip, St Therese Parish and the Diocese of Green Bay from all actions, causes of action, suits and/or demands or claims whatsoever, in law or equity, which I ever have, shall or may have in the future against these related parties. I understand and agree that none of the released parties may be held liable or responsible in any way for any injury, death or damages to me or my family, heirs, or assigns that may occur as a result of my participation in this mission trip, however caused, including but not limited to, the negligence of the released parties, whether passive or active. I assume full responsibility for the risk of bodily injury, death or property/financial damages that may occur while participating in this mission trip. Finally, I agree that the laws of the state of Wisconsin shall govern this agreement and that any action arising from the subject matter of this agreement shall take place in Outagamie County, Wisconsin.

Participant's Signature

Date

Print Participant's Name

NOTARY

Notary Public, State of Wisconsin, County of _____

Sworn to and subscribed before me this _____ day of _____

20___ by _____, who is personally known to

me or who has produced _____ as identification.

My commission expires: _____

Notary Public Signature: _____