

**St. John the Evangelist, Columbia, MD**  
**Appalachia Service Project / Home Repairs Ministry**  
**WAIVER & RELEASE AGREEMENT**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I hereby voluntarily seek to participate in any and all activities associated Appalachia Service Project / Home Repairs Ministry facilitated by St. John the Evangelist (the “Parish”), whether on Parish premises or at off-site locations from June 25, 2022 to July 2, 2022 (collectively, the Activities”). In consideration of the opportunity to participate in the Activities, I knowingly and voluntarily on behalf of myself do hereby agree to forever RELEASE, HOLD HARMLESS, AND INDEMNIFY St. John the Evangelist and the Archdiocese of Baltimore and each of its affiliate organizations, agents, governing board, departments, employees, officers, directors, volunteers, officials, representatives, agents, insurers, students, and other participants in the Activities (collectively, the “Archdiocese of Baltimore”) to the fullest extent permitted by law from any and all liability, claims, demands, and causes of action, including claims of negligence, arising out of or relating to any loss, damage, or injury (including illness or death) sustained in connection with or arising out of my participation in the Activities, including any and all actions taken by the Parish or the Archdiocese of Baltimore pursuant to this Waiver & Release Agreement.

By my signature below, I understand and acknowledge that my participation in the Activities may involve risk of minor or serious injury, including illness, permanent disability, death, and/or economic losses that may result from my actions or inactions, the actions or inactions of others, and the inherent risks of the Activities. I further understand and acknowledge that the Activities may involve outdoor activities, including but not limited to exposure to sun and other elements, and changing environmental conditions due to inclement weather, lightning, wind, or temperature. I fully understand, appreciate, and hereby assume all such known and unknown dangers and risks related to my participation and I voluntarily elect to participate in the Activities.

I understand that my participation in the Activities may require a minimum level of fitness for safe participation, and the Parish and the Archdiocese of Baltimore do not screen, medically or otherwise, individuals that participate in the Activities. I acknowledge that it is my sole responsibility to make certain that I am physically fit and healthy enough to participate in the Activities. By my participation in the Activities, I confirm that I do not have an elevated temperature and have not otherwise exhibited any symptoms related to COVID-19 as identified by the Centers for Disease Control and Prevention (CDC). In the case of a health emergency or need of urgent healthcare, after a reasonable effort has been made to contact my emergency contact(s) named below (or if the urgency of the circumstances does not allow for an attempt to contact my emergency contact(s)), I authorize and consent to any medical care deemed necessary for my health and safety, in the case of incapacitation, during the Activities.

If any provision or provisions of this Release Agreement are determined to be invalid or unenforceable, either in whole or in part, the parties agree that the invalid or unenforceable provision will be modified to the minimum extent necessary to render it valid and enforceable, so that the rights and obligations of the parties to this Release Agreement are preserved to the fullest extent permitted by law.

**I CERTIFY THAT I HAVE READ THE FOREGOING WAIVER & RELEASE AGREEMENT AND ANY ACCOMPANYING ATTACHMENTS, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY, WILLINGLY, AND VOLUNTARILY.**

**X** \_\_\_\_\_  
Signature

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

**The following emergency contact(s) are to be notified and have permission to make decisions regarding my safety and welfare in the event that I am incapacitated and unable to do so on my own behalf.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_