



**ST. FRANCIS MEDICAL MISSION, INC.
RELEASE AND WAIVER OF LIABILITY**

"For it is in giving that we receive." Francis of Assis

The undersigned is an adult 18 year of age or older, who desires to volunteer his/her services to the St. Francis Medical Mission, Inc., on all volunteer, non-profit organization that operates in conjunction with the Diocese of Austin and Bishop Joe Vasquez. The undersigned understands and agrees that his/her services may include travel to and from Mexico, Honduras Guatemala, Nicaragua, Bolivia or other countries (hereafter referred to as "the Countries") for the provision of medical and/or dental care or assistance in the underdeveloped interior of The Countries. Furthermore, the undersigned understands and acknowledges that there may be risks of bodily injury or illness (including death) inherent in travel to the underdeveloped interior of The Countries, and that the undersigned voluntarily assumes all such risks and releases the Diocese of Austin, Bishop Joe S. Vasquez, St. Francis Medical Mission, Inc., all members of its governing board, its agents, employees, volunteers, and all members of the medical mission team, from all liability for these and any other risks in connection with his/ her activities, and hereinafter provided.

As a consideration for the right and privilege of being permitted to participate in the activities and services of St. Francis Medical Mission, Inc., the sufficiency of which is hereby acknowledged, the undersigned does hereby release the Diocese of Austin, Bishop Joe S. Vasquez, St. Francis Medical Mission, Inc., all members of its governing board, its agents, employees, volunteers and all members of the medical mission team, from all liability of any kind whatsoever and hold such blameless for any injury or illness (including death) whether physical or emotional, of property damage or loss of any nature, resulting from, arising out of, or in any way connected to the work, services or activities engaged in or performed by the undersigned while in The Counties or in transit to/from The Countries. The undersigned hereby agrees to assume all risks of any such occurrence in connection with his/her activities, performed or engaged in for St. Francis Medical Mission, Inc.; and to hold the Diocese of Austin, Bishop Joe S. Vasquez, St. Francis Medical Mission, Inc., all members of its governing board, its agents, employees, volunteers, and all members of the medical mission team harmless and indemnify and defend them against any and all claims, liabilities, loss damage, costs in any way connected to his/her activities engaged in or performed in connection with St. Francis Medical Mission, Inc.

The undersigned acknowledges and affirms that he/she has carefully read this release, has asked for and obtained a satisfactory explanation to any questions he/she had, and signed this release voluntarily.

Signature of Volunteer _____ Print Name _____ Date _____

Signature of Witness _____ Print Name _____ Date _____

St. Francis Medical Mission, Inc. is a 501 (c) (3) non-profit organization.

**P.O. Box 2313
Cedar Park, TX 78630**