



Release of Responsibility

Group - 18 years or older

Event: Date:/ 20

- 1. I have been informed and understand my participation in the activities of **Casa Juan Pablo II, Inc.** under the Heritage Tourism and Community Service Program.
- 2. I accept to participate in named training, field trips or tours that **Casa Juan Pablo II, Inc.** organized in the community of El Rosario in San Germán municipality and in any other place in which they celebrate activities, meetings or tour services.
- 3. I understand, certify and accept that the activities in which I will participate at **Casa Juan Pablo II, Inc.** or its collaborators could require physical activities that can vary between easy to moderate level. I have been informed about the requirements and appropriate clothing to participate in the activity and about the environmental conditions or equipment to which I can be exposed. I confirm that I understand the requirements and conditions necessary to attend these activities.
- 4. I acknowledge, certify and accept, that like in any other activity, there could be accidents that can cause some type of physical damage or injury to the participants due to natural causes or as a consequence of the actions of other people.
- 5. I acknowledge, certify and accept that I have the emotional and physical conditions required to do all the proposed activities that may include: sun exposure, rain, walking on rough surfaces or uneven ground or other elements related to activities in nature or in Casa Juan Pablo II, Inc. and its collaborators.
- 6. As part of my participation, I am committing to review, promote and follow the safety rules and norms of conduct clearly exposed by the **Casa Juan Pablo II, Inc.** personnel and organizers.
- 7. I will be responsible for any violent act, aggression or offense against any directors, co-directors, professionals, employees, volunteers, collaborators, property, facilities or any other entity that supports, or is affiliated to **Casa Juan Pablo II, Inc.**
- 8. I release forever and free from liability **Casa Juan Pablo II, Inc.** its Executive Directors, Board members, their employees, facilitators, officials and volunteers for any direct or indirect harm that I may suffer while participating in the activities, meetings, workshops or any other venture. Including the periods of time employed in waiting prior and post the activity and travel to or from the activity venue.
- 9. This release applies to the result of any acts or omission, both mine, as well as a member of my family or companions.
- 10. I promise to reimburse any expenses, collection invoices, sentence, resolution or order issued by any court against **Casa Juan Pablo II, Inc.** as a consequence of any act or fault of mine. I will also pay any cost related to repairs, replacement of equipment or materials or improvements that had to be made because of my actions or omissions.
- 11. I authorize the representatives of **Casa Juan Pablo II, Inc.**, their teams, agents or any official to manage any emergency or medical service that is required by an emergency situation in which I am in danger, without this representing any

	Authorize Use of Year of birth N	ame of the adult	Participant's signature			
	n, me. decide to use my image, once of multiple time	s as described above and as the	ney understand be necessary.			
receive financial or other remuneration for the audiovisual material that is published in the media that Casa Ju II, Inc. decide to use my image, once or multiple times as described above and as they understand be necessary						
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14.	14. I waive any right, claim or interest I may have to cor	ntrol the use of my identity;	I understand and accept that I will not			
	identity, which may be revealed in the audiovisual ma	terial through a mention or a	descriptive text or comment.			
	audiovisual material will not be for any commercial	purpose. I give my informed o	consent for the use of my name and/or			
	electronic, public or private, now or in the future.	I understand and accept t	hat the use that will be given to the			
13.	13. IAUTHORIZENO AUTHORIZE Casa Juan	Pablo II, Inc. to use the aud	iovisual material in any media, print or			
	materials, in fundraising campaigns or in any commur	nications material made by Ca	sa Juan Pablo II, Inc.			
	captured during the activities taken place, be it pho	tos, videos or any audiovisua	al material, to be used in promotional			
12.	12. IAUTHORIZENO AUTHORIZE Casa Juan	n Pablo II, Inc. to use, for a	n indefinite period of time, my image			
	procedures will be my responsibility.					
	payment for medical service costs for Casa Juan Pablo II, Inc. Paying and/or reimbursing any expense or bill for medical					

Authorize Use of Photos / Media (yes or no)	Year of birth	Name of the adult	Participant's signature

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