



Date: \_\_\_\_/ 20\_\_\_

## **Release of Responsibility**

(18 years or older)

Event:

I, _	of legal age, I hereby AUTHORIZE AND CERTIFY:
1.	I have been informed and understand my participation in the activities of <b>Casa Juan Pablo II, Inc.</b> under the Heritage Tourism and Community Service Program.
2.	I accept to participate in named training, field trips or tours that <b>Casa Juan Pablo II, Inc.</b> 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

Ema	il:				
Phor	ne Number:				
Addı	ress:				
	Name of Adult	Signature	Date		
	II, Inc. decide to use my image, once	or multiple times as descr	ribed above and as they understand be necessary.		
	receive financial or other remunera	tion for the audiovisual m	naterial that is published in the media that Casa Juan Pablo		
14.	I waive any right, claim or interest I may have to control the use of my identity; I understand and accept that I will not				
	identity, which may be revealed in the audiovisual material through a mention or a descriptive text or comment.				
			. I give my informed consent for the use of my name and/or		
			erstand and accept that the use that will be given to the		
13.		•	I, Inc. to use the audiovisual material in any media, print or		
	materials, in fundraising campaigns or in any communications material made by Casa Juan Pablo II, Inc.				
			eos or any audiovisual material, to be used in promotiona		
12.	IAUTHORIZENO AUTHORIZE Casa Juan Pablo II, Inc. to use, for an indefinite period of time, my image				
	procedures will be my responsibility.	-	raying and/or reimbursing any expense or bin for medica		
	•		c. Paying and/or reimbursing any expense or bill for medica		
11.	·		on in which I am in danger, without this representing any		
11.	equipment or materials or improvements that had to be made because of my actions or omissions.  I authorize the representatives of Casa Juan Pablo II, Inc., their teams, agents or any official to manage any emergency				
	equinment or materials or improven	nents that had to he made	heralise of my actions or omissions		