



Off Property/Events International Trip Adult Application

Off Property/Events International Trip Adult Application for (name of person/organization): _____
to participate in (describe event and date of trip) _____

(Individuals who are 18 years old or older, and are still in high school, must also fill out the Adult Application. Individuals age 18 or older, and in high school, must fill out this Adult application and have their parent/guardian fill out the Youth Application).

When submitting this application, please include the following: Application, notarized Volunteer Participation Agreement and Release and Waiver form, and legible copies of: insurance card, passport, traveler's insurance (if applicable).

Off Property/Events International Trip Adult for _____
Mission/ _____ (date of trip).

When submitting this application, please include the following: Application, notarized Volunteer Participation Agreement and Release and Waiver form, and legible copies of: insurance card, passport, traveler's insurance (if applicable).

Applicant Information			
Name (as it appears on passport):		Nickname	
Date of birth:	Gender: M F	T-Shirt Size: S M L XL XXL	Traveled with us before? Y N
Home Address:			
City:	State:	Zip:	
Passport No. and Country Issuing:		Date expires:	
Home Phone:	Work Phone:	Cell Phone:	
E-mail:		Second E-mail:	
Birthplace		Spanish (select): None Beginner Conversational Fluent	
Religious Affiliation:	Parish/Church:	Diocese:	
Additional Language(s) spoken:			
Do you have supplemental Travel Insurance? Y N (if yes, please attach a copy)		Beneficiary:	

Additional Information			
Construction Trip			
Construction Experience: Y N		Construction Specialty:	
Medical Trip			
Medical Title:		Specialty:	
CPR Certified: Y N	Medical License #	State:	Expiration Date:
Education Trip			
Subject Area Taught:		Grades Taught	

Emergency Contact		
Name:		Relationship:
Home Phone:	Work Phone:	Cell Phone:
E-mail:		

For Office Use Only		
Completed Application	Liability Release – Notarized	Background Check Clearance
SET	Legible Copy of Passport	Copy of Insurance Card
Copy of Travelers Insurance	Airline Ticket Confirmation#	
Additional Payment:	Additional Payment:	
Diocese of Orlando Parental/Guardian Consent Form & Liability Waiver (for travelers under 18 yrs)		
Diocese of Orlando Parental/Guardian Medical Information & Consent Form (for travelers under 18 yrs)		

Volunteer Participation Agreement and Release and Waiver– Needs to be Notarized

I, _____(your name), plan to participate in an international trip with the (name of entity) _____(dates). I understand that the planned activity/itinerary may change during the trip. I recognize the participation in this international trip may be hazardous and dangerous, and I willingly assume all risks associated with this trip.

I acknowledge that I have been advised to seek consult from a medical professional to understand the potential for contracting a disease or suffering other adverse health consequences during my participation in this trip. I understand that such health conditions may be fatal. I am aware that the Diocese of Orlando (“Diocese”) strongly advises me to speak with my doctor about this international trip, and to obtain any vaccinations recommended by the Center for Disease Control. After careful consideration of these risks, I have either received all recommended vaccinations, inoculations, or immunizations from medical professionals, or I have declined the option to receive them. I understand that my decision to decline receipt of any or all of the recommended precautionary measures increases my risk of contradicting disease and suffering other potential adverse consequences. I acknowledge and assume the risk to me in participating in this trip that may result in severe health consequences, which could be fatal, even if I receive all recommended vaccinations, inoculations and immunizations.

I acknowledge that Youth will be in a country where the options for medical treatment and the quality of that treatment are limited in relation to the options for and quality of medical treatment in the United States. In accordance with the Medical Information and Consent Form, I authorized the Diocese to seek treatment on my behalf. Even so, due to the limited medical treatment options available, I acknowledge and assume the risk to myself that this treatment may pose a risk to Youth’s health, including death.

In addition to health risks, I understand that I will be in a country whose criminal justice system does not offer the same protections and due process as the United States. I acknowledge and understand that the Diocese has no power to protect my rights or to intervene in any interaction I may have with the country’s government or judicial system. I acknowledge and assume the risk that I will have to rely on my own resources and the assistance of the United States consulate in the event I am detained or arrested, the victim of a crime, or injured by a third party during the international trip.

Therefore, in consideration of the privilege to participate extended to me by the Diocese, and on behalf of myself, executors, administrators, successors and assigns, I do hereby waive, release and forever discharge the Diocese, and any of its religious, employees, agents and volunteers from any and all actions, omissions, causes, claims and/or damages arising from, relating to, or resulting from my participation in the international trip, including but not limited to: injury, expense, cost, damage, loss, illness or death. I acknowledge that I will not receive monetary compensation for labor and/or services provided while participating as a volunteer for the Diocese, and all of its subsidiaries and affiliates, including each and all of their religious, officers, directors, employees, agents, attorneys, volunteers. I acknowledge that I have been advised to seek good legal counsel before signing this waiver and release. I expressly agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that I intend this waiver to be binding on my family, estate, heirs, successors, assigns, insurers, medical providers and personal representatives. If any of this waiver release is held invalid, it is agreed that the balance shall continue in legal force and effect.

For Team Members Ages 18 and Older

I have read, understood, and executive this waiver and release on _____, 20_____.

Signature

Date

Printed Name

Notary Required

Notary Public: State of: _____, 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 Commission Number: _____

Signature: _____

Typed, Printed or Stamped Name of Notary Above