

## EMERGENCY RELEASE AND RIGHT OF REPRESENTATION (pg 1)

I, \_\_\_\_\_, in consideration of my participation on this mission trip to \_\_\_\_\_, on \_\_\_\_\_ - \_\_\_\_\_, 20\_\_\_\_ represent and agree that:

1. I am prepared physically, emotionally, mentally and spiritually for this trip. The scheduling, environment and travel conditions are not adverse to me. I will be flexible and have a servant attitude.
2. I grant to any of the Catholic Mission Trips, Inc., leaders or their contracted agents the right to represent me in decisions relating to my welfare or the group welfare during the trip. I will follow the suggestions made on my behalf.
3. I understand the administrative role that Catholic Mission Trips, Inc., plays in putting together our mission trip. I also understand that the mission trip will be handled by a representative of Catholic Mission Trips, Inc., and I will follow all rules and guidelines stated either orally or written.
4. I hereby grant any of the Catholic Mission Trips, Inc., leaders or their contracted agents my permission to authorize medical treatment and medication on my behalf. I will not hold any of the Catholic Mission Trips, Inc., leaders or their contracted agents responsible for the results of such treatment, medications or decisions made on my behalf.
5. I attest and certify that I am physically fit and have no medical conditions that would prevent me from performing my assigned duties which may include heavy lifting and long hours in the heat. I am aware of the strenuous work and conditions and I accept these risks.
6. I give permission to Catholic Mission Trips, Inc., to use photographs and videos in which I appear for promotional purposes.
7. I am aware of and accept potential travel risks, including those related to infectious diseases.
8. I agree not to hold Catholic Mission Trips, Inc. liable for any risks, death, hospitalizations, or symptoms associated with travel.



## EMERGENCY RELEASE AND RIGHT OF REPRESENTATION (pg 2)

9. I waive any and all claims for damages against Catholic Mission Trips, Inc., Mission Trips, Inc., leaders, or their contracted agents, arising from death, injury, illness, inconvenience, or in property damage or loss occurring as a result of this mission trip for any reason including but not limited to any negligent act or acts of Catholic Mission Trips, Inc., Catholic Mission Trips, Inc., leaders or their contracted agents which may in any way cause death, injury, illness, inconvenience or property damage or loss to me. I have read this release in its entirety, understand its contents and agree to them of my own free will.

10. Governing Law/Venue: In accepting service from us then this agreement shall be governed only by the laws of the State of Texas. Venue for any action hereunder shall be in Collin County, of the State of Texas.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

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Date \_\_\_\_\_

(Parent Signature if under 18)

## Notary Acknowledgement

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public in and for said state, personally appeared known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purpose therein stated.

Notary  
Public

My commission  
expires

# Catholic Mission Trips, Inc. 43321 Wayside Circle Ashburn, VA 20147

## Youth Code of Conduct

1. I agree to treat other participants, leaders, staff, residents, and our hosts with respect and understand that all adult leaders have the authority to discipline me.
2. I will not leave my sleeping area after lights out, or before sunrise.
3. I will not leave the outlined or defined areas without an adult chaperone.
4. I will always follow the schedule and guidelines given to me.
5. I understand CMT has a no cell phone policy, and I agree to leave my cell phone at home or turn it in upon arrival to be under the care of my group leader or designated chaperone.
6. I understand that alcohol, illegal drugs, vaping, marijuana, weapons, fireworks, tobacco products of any kind, and profane or abusive language are not allowed at any time during this mission trip. I further understand that all prescription drugs must be dispensed by an adult leader.
7. I understand that I represent Catholic Mission Trips, Inc., and agree to behave in a Christian and positive manner at all times. I further agree to dress appropriately during this activity. (Ladies shorts must be no more than 2 inches above the knee or Basketball shorts, T-Shirts must have sleeves or covered shoulders)
8. Public display of affection (PDA's) and sexual indiscretion (including inappropriate touching) is prohibited at all times and in all cases.
9. No participant under the age of 21 is allowed to leave without an adult's permission and supervision.
10. In the event of an emergency or other need to contact any participants, the staff must know where I can be located, therefore I agree to stay with my assigned group at all times.
11. By attending this function, all participants agree to stay until the function's conclusion, unless they have a medical emergency.
12. I realize that my parents and I will be financially responsible for any damage I do to property, facilities, or vehicles.
13. I understand that if I choose to violate any part of this Code of Conduct, I run the risk of having my parents notified by phone, and that I may be sent home on the first available flight or bus, at my parent's expense. (This determination will be left to the discretion of the Catholic Mission Trips, Inc., director and the parish or school trip coordinator.)

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Participant Signature

Parent Signature

**Catholic Mission Trips, Inc.**  
43321 Wayside Circle  
Ashburn, VA 20147



## DISCIPLINARY FORM

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Year of Graduation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_ (parent's name) give permission to my above named son/ daughter to go to Catholic Mission Trips, Inc., \_\_\_\_\_ Mission Trip. If my son or daughter does not follow the rules and regulations either stated orally or written below, I give Catholic Mission Trips, Inc.'s, director or employees the authority to fly my son or daughter home at my own expense.

My child agrees to abide by all the rules and regulations stated by Catholic Mission Trips, Inc., and the Staff whether in this form or verbal. I understand that Catholic Mission Trips, Inc., will not be liable if my child fails to abide by the regulations, and that any infraction of the rules may result in immediate dismissal from this activity at my expense. I relieve Catholic Mission Trips, Inc., and its staff members of all responsibility and consequence that may arise as a result of this action.

Parent's/ Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Ashburn, VA 20147

