

FOR STUDENTS ATTENDING
RETREATS AT THE MISSION OF DIVINE MERCY

WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Executed on _____ by _____ whose address
is _____, City of _____, County of
_____, State of Texas.

In consideration of the acceptance of my request to attend **any activities or events** at the Mission La Divina Misericordia, I hereby waive, release and discharge Mission of Divine Mercy, Inc., a Texas non-profit corporation (hereinafter referred to as Mission) from any and all claims, demands, actions or right of action for damages (including property damages), for personal injury or death that I may have or that may subsequently accrue to me of whatsoever kind or nature in law or equity as a result of my participation in **any activities or events** and /or the use of any and all Mission facilities. This waiver, release and indemnity agreement is intended to discharge in advance the owners and administrators of the Mission and their agents, employees, and assigns, and other retreat participants, from and against any and all liability arising out of my participation in **any activities or events**. This release applies to all damages and injuries EVEN IF CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OR GROSS NEGLIGENCE of the entities and persons listed above.

I understand that serious accidents may occur by reason of my participation in **any activities or events**, and, knowing these risks I agree to assume the risks, accept full responsibility for them and release and hold harmless all of the entities and persons listed above who might otherwise be liable to me or my heirs, or assigns for damages caused through their negligence or carelessness.

I understand that this waiver, release and indemnity agreement is intended to be as broad and inclusive as is permitted by the State of Texas, and I have voluntarily read and signed it. No oral representations, statements or inducements apart from this written agreement have been made.

IF UNDER 18 YEARS OF AGE, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED.

Witness Signature

Signature

TDL # _____

Signature of Parent or Guardian

TDL # _____