

2016-2017 St. Mary Student Parish Alternative Spring Break (ASB)

PLEASE PRINT CLEARLY!

Participant Name: _____ E-mail: _____

Site: _____

RELEASE OF LIABILITY

I wish to participate in the St. Mary Student Parish 2016-2017 Alternative Spring Break program, by working with (primary agency) _____, during the dates of Feb. 26-March 4, 2017.

I understand that I may be staying in free or inexpensive accommodations provided by the individuals, organizations, or agencies that we are working with, or by other individuals, organizations, or agencies within the community; and, I understand and recognize that there exists the possibility and risk of bodily injury to me or damage to my property while traveling to and from the site, during my stay at the site, and during my participation in the program, and, I acknowledge that my participation in the Alternative Spring Break program is voluntary.

I understand that absolutely **no use of alcohol or other drugs** will be permitted during any part of the Alternative Spring Break program.

Therefore, for and in consideration of St. Mary Student Parish allowing me to participate in this voluntary Alternative Spring Break program, I hereby release, relieve, and hold harmless St Mary Student Parish, its staff, board members, site leaders, and representatives, from any liability, including liability for bodily injury or property damage arising out of or in connection with my participation in the ASB program, including my travel to, from and around the location where I will be residing and working during the program, except such liability or claim of liability as may result from the gross negligence on the part of St. Mary Student Parish.

By signing below, I acknowledge that I have read this release of liability and am signing it voluntarily.

Signature: _____ Date: _____

ALCOHOL and OTHER DRUG USE

St Mary Student Parish Alternative Spring Break Alcohol and Drug policy is as follows:

Absolutely **NO** use or possession of alcohol or controlled substances is permitted during the Sponsored Alternative Spring Break trip (defined as the time you leave Ann Arbor until the time you arrive back in town). In the event that you are found to be in violation of this policy, you immediately forfeit your participation in sponsored Alternative Spring Break. The site leaders are obligated to ask you to leave. You are responsible for your own return to Ann Arbor.

Signature: _____

Date: _____

MEDICAL INFORMATION FORM (Please Print)

This form must be filled out by all participants prior to participation in the St Mary Student Parish Sponsored Alternative Spring Break Program.

Participant Name _____

Local Phone Number _____ Cell Phone Number _____

ASB Site _____

EMERGENCY CONTACT INFORMATION

Name to Contact in Case of Emergency and Relationship _____

Phone Number of Emergency Contact _____

Do you have health insurance? Yes ____ No ____

Please describe any pre-existing medical conditions/allergies/special needs:

CONSENT TO PHOTOGRAPHY OR RECORD ELECTRONICALLY

I permit St. Mary Student Parish the use of still photographs or record an electronic image of me from this ASB experience for future promotional purposes.

Signature: _____ Date: _____