CONSENT AND RELEASE OF LIABILITY

(Minor (under age 18) - must be signed by a parent/legal guardian)

I, _____ (print your name), am the parent or legal guardian of, and am authorizing _____ (print name of dependent) to travel to and from and participate in one or more Habitat for Humanity Projects sponsored by St. John Vianney Catholic Church (collectively referred to herein is as the "Projects").

I fully understand that my dependent will incur certain risks in traveling to and from and participating in the Projects, and I accept and fully assume all risks associated with his/her traveling to and from and participating in the Projects.

I hereby release, discharge and hold harmless St. John Vianney Catholic Church and the Archdiocese of Galveston-Houston, their agents, employees, directors and officers, including Archbishop Joe S. Vásquez, and any other entity and individual who may participate in, support, help organize or supervise the Projects, and their agents, employees, directors and officers (collectively referred to herein as "Released Parties"), from all claims, demands, actions, judgments and executions which my dependent or I or our heirs, executors, administrators or assigns may ever have for illness, injuries to the person, or damage to the property of my dependent, caused by, arising out of, or in any way related to my dependent's travelling to and from and participating in the Projects.

I understand that this document constitutes a full and complete waiver of all possible claims, including claims arising out of the negligence of the Released Parties.

I hereby warrant that my dependent is 16 years of age or older and in good health. I assume all financial responsibility for any medical treatment of my dependent arising out of or associated with my dependent's traveling to and from and participating in the Projects.

I have executed this Consent and Release of Liability on this _____ day of _____, 2026.

Signature of Parent/Legal Guardian:

_____

In case of an emergency, please contact _____

whose telephone number is _____(home)

_____ (cell)

In case of an emergency, please be aware that my dependent has the following special medical needs or concerns:

_____

RELEASE OF LIABILITY

(Adult Participant -18 or older)

I, _____(print name), am choosing to participate in one or more Habitat for Humanity Projects sponsored by St. John Vianney Catholic Church (collectively referred to herein as the "Projects").

I fully understand that I will incur certain risks in traveling to and from and in participating in the Projects. I accept and fully assume all risks associated with my traveling to and from and participating in the Projects.

I hereby release, discharge and hold harmless St. John Vianney Catholic Church and the Archdiocese of Galveston-Houston, their agents, employees, directors and officers, including Archbishop Joe S. Vásquez, and any other entity and individual who may participate in, support, help organize or supervise the Projects, and their agents, employees, directors and officers (collectively referred to herein as the "Released Parties"), from all claims, demands, actions, judgments and executions which I or my heirs, executors, administrators or assigns may ever have for illness, injury to my person, or damage to my property caused by, arising out of, or in any way related to my traveling to and from and participating in the Projects.

I understand that this document constitutes a full and complete waiver of all possible claims, including claims arising out of the negligence of the Released Parties.

I hereby warrant that I am in good health and hereby assume all financial responsibility for any medical treatment arising out of or associated with my traveling to and from and participating in the Projects.

I have executed this Release of Liability on this _____ day of _____, 2026.

Signature of Participant _____

In case of an emergency, please contact _____

whose telephone number is _____(home)

_____ (cell)

In case of an emergency, please be aware that I have the following special medical needs or concerns:

_____