

GENERAL RELEASE OF LIABILITY
Conception Abbey

NOTICE: Please, attach to this document a copy of the Participant's medical insurance card.

Name of Participant: (print) _____ (herein, "Participant")

Date of Birth of Participant: _____

Name of Parent, if Participant is under the age of 18: _____
(herein, "Parent"; if Parent is attending activities at Conception Abbey, then also "Participant")

In consideration of Participant(s) being permitted upon the grounds of Conception Abbey and Conception Seminary College, and to participate in activities thereon, I, the Participant, and if the Participant is under the age of 18 then I, the Parent of the Participant, for myself and the Participant and their personal representatives, **do hereby release, waive, forever discharge, and covenant NOT TO SUE Conception Abbey, Inc.,** and Conception Seminary College, its directors, employees, agents, successors and assigns, (hereinafter "the Abbey") from any and all liability on account of injury to Participant(s) or property of Participant(s), caused by the alleged or actual negligence or actions of the Abbey while Participant(s) is/are upon the grounds of the Abbey. I understand that this release and waiver are intended to be as broad and inclusive as permitted by the laws of the State of Missouri; and that if any portion hereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

Further, I, the Participant, and if the Participant is under the age of 18 then I, the Parent of the Participant, for myself and the Participant and their personal representatives, **do hereby release and forever discharge the Abbey** of and from any and every claim, demand, action or right of action, of whatsoever kind or nature, arising from or by reason of **any bodily injury** which may occur while at the Abbey.

Further, I, the Parent of the Participant, **do hereby represent to the Abbey that I am the legal guardian and/or natural parent** of the Participant and have the authority to execute this document on said Participant's behalf. If I am found not to have such authority in the future, I hereby agree that I will indemnify and hold harmless the Abbey from any and all liability that the Abbey incurs, which would have been released if the proper party had signed this document for said Participant.

Further, I, the Participant, and if the Participant is under the age of 18 then I, the Parent of the Participant, **do agree to hold harmless and indemnify the Abbey** for any liability sustained by the Abbey as a result of the negligent, willful, or intentional acts of Participant(s), including expenses incurred attendant thereto and any damage incurred to third parties and/or the Abbey.

Further, I, the Participant, and if the Participant is under the age of 18 then I, the Parent of the Participant, **do hereby authorize the Abbey to provide medical care to Participant(s)**, including but not limited to emergency surgery or medical treatment, if necessary, and I assume responsibility for all medical bills incurred thereby. I agree to assume all transportation costs should the Participant(s) be required to return home for medical and/or disciplinary reasons while at the Abbey.

This document shall be interpreted under the law of the State of Missouri and any claim shall be brought in the Circuit Court of Nodaway County, Missouri. No modification or alteration of this document is permitted without the written consent of the Abbey.

I have fully and carefully read the foregoing General Release of Liability, understand the contents thereof, and have signed this General Release of Liability of my own free act.

Signature of Participant: _____

Date: _____

Signature of Parent of Participant under 18: _____

Date: _____