

College of St. Benedict/St. John's University
CSB Campus Ministry Department – Alternative Break Experience Program

Group Agreement
and
Release and Waiver of Liability

This Alternative Break Experience (ABE) Service Trip Group Agreement and Release and Waiver of Liability is executed and given by the undersigned to Saint John's University (collectively "St. John's") and the College of Saint Benedict, a Minnesota non-profit corporation ("CSB").

I understand that the Alternative Break Experience program that is sponsored by the College of St. Benedict Campus Ministry department is a service, educational and social justice opportunity. I am freely choosing to go on this trip, and within reason, I am willing to do the service work that is asked of me by the experience. As an adult, I agree to take responsibility for my behavior and safety during the course of this trip, including acknowledgment of my own limitations. I will act consciously and maturely. I will respect and care for my fellow volunteers, the site leaders, and those for whom I am offering my service. I will contribute my efforts toward the good of the whole group and the complete experience that the ABE program offers.

Safety is a primary concern of the ABE program. The poverty and injustice we seek to address through service can lead to unsafe situations. I understand that the activities may be hazardous to myself and may include, but are not limited to: construction, loading, unloading, and transportation to and from sites. I recognize that the activities may, in some situations, be inherently dangerous. I will cooperate with the ABE co-leaders and host site leaders to promote a safe environment and understand that some aspects of the trip may be changed or canceled to address safety. I will respect the authority and responsibility of the co-leaders and will abide by their decisions. In keeping with that respect, I will speak up on my behalf or the behalf of others when I disagree with the way in which important matters are being handled. In full recognition and appreciation of the dangers and hazards inherent in participation in the ABE program, signing this release discharges CSB/SJU from any liability or claim that I may have against CSB/SJU with respect to any bodily injury, personal injury, illness, death or property damage that may result from an alternative break trip, whether caused by the negligence of CSB/SJU or its trip facilitators. I hereby agree to assume all the risks and responsibilities surrounding my participation in these activities or any other activities undertaken as an adjunct thereto.

Though I may be of legal age to drink alcohol, I agree to abide by the ABE policy that prohibits the consumption of alcohol. This policy is established as a way to enhance our commitment to service, focusing our energy on what's important and essential throughout the service experience. In addition, this policy is enforced out of respect for the people we visit for whom alcohol is an expensive luxury and one that might be abused. Additionally, it is also out of respect for under-age participants who would otherwise be excluded from alcohol-related activities. I will uphold the law, and take full responsibility for my actions during the course of this service trip including the use of any controlled substances. If I break the law or break ABE policies, I understand I may be sent home immediately at my own expense and I will be subject to the laws and regulations of the host site and the College of Saint Benedict and Saint John's University.

Except as otherwise agreed by the College of St. Benedict/St. John's University in writing, I hereby release and forever discharge the College of St. Benedict/ St. John's University from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my participation. I also understand that the College of St. Benedict/St. John's University does not carry or maintain health, medical, or disability insurance coverage for any participant. I am expected and encouraged to obtain my own medical or health insurance coverage. I understand that there may be health-related risks in connection to my trip. If I am a member of an international trip I acknowledge that I have been advised by the ABE staff and/or co-leaders to seek medical advice in regards to immunizations pertinent to my host country. I understand that costs of these immunizations are my own.

I take full responsibility for meeting the financial responsibilities of this trip including making payments by the set deadlines. CSB/SJU does not assume any responsibility for or obligation to provide financial assistance or

other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness. I hereby expressly and specifically assume the risk of property damage, injury, death or illness resulting from my activities as an Alternative Break Experience program participant.

ABE trips begin on the first day of travel and end on the last scheduled day of travel– upon return to Minnesota/the CSB/SJU campuses. I will travel to the site with the group and return with my group.

I hereby defend, hold harmless, indemnify, release, and forever discharge CSB/SJU, Campus Ministry offices, trip facilitators and their successors and assigns from and against any and all claims, demands, actions, causes of action, damage to personal property, personal injury, death, arrest, or criminal or civil prosecution (including legal fees, fines, court costs or penalties) which may result from my volunteer assignments, activities, transportation, or work experiences on an Alternative Break Experience.

By signing below, I acknowledge my agreement with all of the statements on this Group Agreement and Release and Waiver of Liability.

Trip Name _____

1. Name _____ Signature _____ Date _____

2. Name _____ Signature _____ Date _____

3. Name _____ Signature _____ Date _____

4. Name _____ Signature _____ Date _____

5. Name _____ Signature _____ Date _____

6. Name _____ Signature _____ Date _____

7. Name _____ Signature _____ Date _____

8. Name _____ Signature _____ Date _____

9. Name _____ Signature _____ Date _____

10. Name _____ Signature _____ Date _____

11. Name _____ Signature _____ Date _____

12. Name _____ Signature _____ Date _____

13. Name _____ Signature _____ Date _____

14. Name _____ Signature _____ Date _____

15. Name _____ Signature _____ Date _____