Please read and sign this form

ST. MARK Catholic Church 9970 Vale Rd. Vienna, VA 22181

Date: Saturday, March 16, 2024; Time: 8 am – 11 am

Activity: WorkCamp Fundraising Mulch Spreading Day

FOR VOLUNTEERS (OVER 18 YEARS OF AGE)

Permission Form

Participant's Name:	Gender:
Address:	Phone:
City, State, Zip:	School:
Emergency contact phone number(s):	
Participant's Commitment: I hereby make a personal commitment to abide by the standards of correpresentatives.	nduct established by ST. MARK Catholic Church and its
,	Signature of Participant
Liability Release: As participant, I will participate fully in the event described above. I do fo ST. MARK Catholic Church, its directors, employees, and agents there injury, sickness and death, as well as property damage and expenses or resulting from said participant's involvement in the above described ever all risk of personal injury, sickness, death, damage, and expenses result understand that participation in this activity involves inherent risks of associated with transportation by motor vehicle. I agree to indemnify a limited to, the Diocese of Arlington, The Most Reverend Michael Burbiliability, loss damages, costs, or expenses which are sustained, incurred medical care or lost-time wages or any expenses or fees incurred in any driver.	of from any and all liability, claims, and demands for personal of any nature whatsoever which may be incurred as a participant and at ST. MARK Catholic Church. Furthermore, I hereby assume liting from involvement in the above described event. of injury and/or illness to myself, including without limitation, risks and hold harmless ST. MARK Catholic Church, to include but not dge and his successors in office and employees, from any and alled, or required arising out of the accident, including the cost of any
Signature of Participant (over 18 years old)	Date
Signature of Program/Activity Coordinator	Date