



Application Agreement

APPLICATION AGREEMENT

This application is made with the following understanding, subject to the receipt of pilgrimage deposit and registration approval:

- **I am responsible** for myself and I understand I am traveling at my own risk and expense OR
my responsible parent/legal guardian understands and accepts the risks and expenses for my travel.
- **I agree to the Terms and Conditions** as provided with this application.
- **I agree to hold harmless** Our Lady of Lourdes Hospitality North American Volunteers, LTD., and all its medical professionals, to include but not be limited to: physicians, nurses, nurse practitioners, physician assistants, paramedics, emergency medical technicians, physical therapists, respiratory therapists, paraprofessionals, practitioners or retirees, licensed and unlicensed, from medical, malpractice or financial liability or responsibility that may occur and/or result in any claim I or any third person might make on my behalf or behalf of my estate.
- **I agree to hold harmless** Our Lady of Lourdes Hospitality North American Volunteers, LTD., all staff, volunteers, assistants, youth helpers, companions, caregivers, leadership, agents, directors, officers and all others serving before, during and **after** pilgrimage on which I participate from any financial liability or responsibility that may occur or result in any claim I or any third person or party might make on my behalf or the behalf of my estate.
- **I further agree to indemnify** Our Lady of Lourdes Hospitality North American Volunteers, LTD., and all associated persons from any litigation and all liability or financial responsibility that may occur as a result of any claim I or any third person or party might make on my behalf or on behalf of my estate.

HEALTH INFORMATION, PRIVACY AND PERMISSION AGREEMENT

- **I understand** the information obtained through completion of the General Application and Health Information forms assists North American Lourdes Volunteers in their attempt to evaluate potential care needs that I may require during my participation on any pilgrimage.
- **I understand** that all records will be handled confidentially by North American Lourdes Volunteers staff, volunteers and the Medical Committee who agree to process and use this information solely for my benefit. During travel, all medical records will be held in the control of the pilgrimage leadership and may be disclosed to anyone who provides emergency or non-emergency medical assistance to me.
- **I certify**, to the best of my knowledge, all medical information provided on the Health Information form is complete and accurate. If, after I sign this form, I become aware of any error(s) or omission(s) of information, I will send the information necessary to correct the error or supply omitted information.
- **I will notify** North American Lourdes Volunteers in sufficient detail to permit them to reevaluate my needs to safely participate on pilgrimage, should any changes to my health occur prior to or throughout pilgrimage.
- **I certify** I am physically able to travel to Lourdes and participate in all pilgrimage activities OR information has been provided about my physical limitations and/or ability to participate in pilgrimage activities.
- **I give permission** to North American Lourdes Volunteers to contact my physician(s) and health care provider(s) to exchange health information necessary for the assessment, evaluation and administration of my care during travel and while on pilgrimage.
 - **Further, I give permission for the release of any records necessary** to North American Lourdes Volunteers for such assessment, evaluation and supportive care, as well as for referral, medical billing or insurance purposes.
 - **I give permission** to North American Lourdes Volunteers to initiate and/or coordinate/supervise the provision of any emergency care I may require during pilgrimage. I understand that reasonable effort will be made to contact my listed emergency contact person(s) if emergency medical care is needed.

Applicant Name Printed _____ Date _____

Applicant Signature _____

Co-signature of parent/custodial guardian required for applicants with guardianship or conservatorship and youth less than 18 years old:

Parent/Guardian Name Printed _____

Signature of Parent/Guardian _____

Date _____



COVID-19 WAIVER

SPECIAL COVID-19 WAIVER, RELEASE, AND ASSUMPTION OF RISK

Background: The US Center for Disease Control and Prevention has issued an alert for France due to COVID-19 indicating a high level of COVID-19 in France. Older adults and people with chronic or compromised medical conditions may want to postpone nonessential travel to France. Anyone traveling to France should exercise increased caution due to terrorism and civil unrest.

Risks: In addition to the health-related risks of contracting COVID-19, including death, additional risks should be considered:

Quarantine: If you contract or come into contact with someone who has contracted coronavirus, you will be placed in isolation for 10 or more days in France or upon return to the United States. If you contract COVID-19 in France, you will be responsible for the cost of your care and extended stay.

Return to the United States: All air passengers coming to the United States, including U.S. citizens and fully vaccinated people, are required to follow the current requirements for testing per the Department of State.

Last updated: 06/15/2022

*** Effective Sunday, June 12 at 12:01 a.m. EDT, the CDC rescinded its Order requiring all airline or other aircraft passengers to show a negative COVID-19 test result or documentation of recovery from COVID-19 to board any aircraft destined to the United States from a foreign country. Of note, CDC's Order requiring proof of vaccination for non-U.S. citizen nonimmigrants to travel to the United States is still in effect. For more information see [Requirement for Proof of COVID-19 Vaccination for Air Passengers](#). Please note that these requirements can change and each passenger would then be responsible to provide the required documentation, or you will not be able to board the return flight, and will incur additional costs.

Waiver, Informed Consent, Assumption of Risk and Covenant Not to Sue

- **I understand** the increased risk of traveling to France at this time, and I assume this risk without coercion.
- **I understand** that as a result of my decision to travel to France I could suffer illness or death, or may be quarantined for an extended period of time, personally incurring additional costs and expenses.
- **I do here and forever release and discharge and hereby hold harmless** OUR LADY OF LOURDES HOSPITALITY NORTH AMERICAN VOLUNTEERS and its respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my travel to France.
- **I acknowledge and agree** that no warranties or representations have been made to me regarding my travel to France. **I ACCEPT THE RISK OF TRAVEL TO FRANCE. I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY.**
BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST OUR LADY OF LOURDES HOSPITALITY NORTH AMERICAN VOLUNTEERS FOR MY DECISION TO TRAVEL TO FRANCE.

Applicant Name Printed _____ Date _____

Applicant Signature _____

Co-signature of parent/custodial guardian required for applicants with guardianship or conservatorship and youth less than 18 years old:

Parent/Guardian Name Printed

Signature of Parent/Guardian

Date

Please print clearly, sign and return to:

Our Lady of Lourdes Hospitality North American Volunteers, 107 Michaels Ave Syracuse, NY 13208, email to Courtney@LourdesVolunteers.org or fax to (315) 362-1404.