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**Service Organization Annual Permission  
(September 1, 2015 to September 1, 2016)**

Supervisor's Name: \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

Organization/Agency Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor's Email Address: \_\_\_\_\_

**ORGANIZATION/AGENCY ANNUAL LIABILITY DISCLAIMER & INDEMNIFICATION AGREEMENT**

All signatories to this Agreement understand that the completion of Living the Faith is a requirement for graduation from The High School of Saint Thomas More. They understand that participation in acceptable projects is at the discretion of the student and parents, and that The High School of Saint Thomas More assumes no responsibility for accident or injury involving the student or others or to any property while participating in a project outside of school hours and not directly supervised by school personnel. They understand the risks that such participation presents to the student, including but not limited to serious personal injury or death or damage to property. Any questions the signatories have concerning the program have been answered.

In consideration for the student being allowed to participate in this program and provide volunteer service or work or compensated work or service for the organization or agency, and on behalf of the above-identified organization/agency, the authorized individual whose execution appears below agrees to **hereby release and agrees to indemnify and hold harmless** the Diocese of Peoria, The High School of Saint Thomas More and their employees and agents, and volunteers assisting the school, from any and all liability for injuries, damages, medical expenses, or any other loss to the student or student's family (including attorney's fees) or to any other person or entity arising from or related to the student's actions and participation in this program.

We understand that the supervisor of this project or work will keep an accurate record of the student's hours and will, at the completion of the project, evaluate the student's performance.

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*Project Supervisor and/or  
individual authorized to execute this Agreement on  
behalf of the organization/agency above-identified*

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*Date*

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*Individual authorized to execute this Agreement on  
behalf of the organization/agency above-identified*

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*Date*