

CATHOLIC HEART WORKCAMP L.L.C VERIFICATION

Post Office Box 2226
Goldenrod, Florida 32733-2226

VERIFICATION AGREEMENT

The undersigned, on behalf of the Parish named below its youth programs, and its Diocese, hereby certifies to CATHOLIC HEART WORKCAMP, L.L.C., a Florida limited liability company (including its members, managers, agents and affiliates) ("CHWC"), that each adult (18 years of age and older) attending the Workcamp described below either as chaperone or youth participant has successfully completed the requirements of the Parish and its Diocese in regard to sexual abuse risk prevention policies, training, and background checks to verify the suitability of such adults to work or participate with minors in connection with the Parish, its youth programs, and its Diocese, or if there are no such requirements, has successfully completed the requirements of CHWC by (a) being in compliance at all times with CHWC's sexual abuse prevention policies and (b) by conducting sexual abuse risk prevention background checks to verify the suitability of such adults to work or participate with minors in connection with the Workcamp described below. At least ten (10) days prior to the Workcamp described below, the undersigned agrees, and if requested, to provide CHWC written proof of the Parish's insurance coverage regarding sexual abuse claims and written certification that such background checks were conducted with no adverse findings. Each party to this agreement shall indemnify, defend, and hold harmless the other party (including its officers, directors, managers, trustees, agents, employees, and owners) from and against any and all demands, claims, damages, losses, expenses, and liabilities, including reasonable attorneys' fees, to persons or property (collectively the "Claims"), arising out of or caused by the indemnifying party's negligence or willful misconduct in connection with the provisions of this Agreement. This paragraph shall not waive any defenses a party may have with respect to any Claims. Florida law shall apply to this agreement and any Claims, and venue shall be the courts of Orange County, Florida.

NAME OF GROUP: _____
DATE/CITY OF WORKCAMP: _____

All adult leaders of group should sign below and have your signature notarized.

Signature: _____
Print Name: _____

Signature: _____
Print Name: _____

Signature: _____
Print Name: _____

Signature: _____
Print Name: _____

Signature: _____
Print Name: _____

Signature: _____
Print Name: _____

Signature: _____
Print Name: _____

Digitally submit the form through the link on the pretrip website & email and bring the original to camp.



CATHOLIC HEART WORKCAMP L.L.C VERIFICATION

STATE OF _____)
COUNTY OF _____)
The foregoing was acknowledged before me on _____, 20____,
by _____,
who produced the following
identification: _____.
Signature: _____
Print Name: _____
Notary Public, State of _____
My Commission Expires: _____
Commission Number: _____

STATE OF _____)
COUNTY OF _____)
The foregoing was acknowledged before me on _____, 20____,
by _____,
who produced the following
identification: _____.
Signature: _____
Print Name: _____
Notary Public, State of _____
My Commission Expires: _____
Commission Number: _____

STATE OF _____)
COUNTY OF _____)
The foregoing was acknowledged before me on _____, 20____,
by _____,
who produced the following
identification: _____.
Signature: _____
Print Name: _____
Notary Public, State of _____
My Commission Expires: _____
Commission Number: _____

Notary follows. Copy page 2 as needed to provide block for each person signing.

Digitally submit the form through the link on the pretrip website & email and bring the original to camp.

