The Encuentro Project

El Paso, Texas

Please fully complete and return the following forms:

* Participant Information page 1
* Consent and Liability Release page 2
* Acknowledgement or Risks and Release of Claims page 3
* Emergency Contact and Medical Information page 4
* Guidelines for adult participants page 5

PARTICIPANT’S INFORMATION

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M \_\_\_\_\_ or F \_\_\_\_\_\_\_\_**

**School, Group or Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone Number: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Number: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age (Please check one): 18–25 \_\_\_\_; 26-35 \_\_\_\_; 36-45 \_\_\_\_; 46-55 \_\_\_\_; 56-65 \_\_\_\_: 66-75 \_\_\_; 76+ \_\_\_\_**

*Rev. Aug 2025*

**CONSENT & LIABILITY RELEASE**

**PROGRAM** The Encuentro Project **– 602 S. Oregon, El Paso, TX 79901**

**CONTACT Information:**

**Executive Director: Michael Costello 915-238-4872 –** [**encuentroproject@gmail.com**](mailto:encuentroproject@gmail.com)

**Project Assistant: Coralis Salvador, 415-420-9908** [**encuentroproject.assistant@gmail.com**](mailto:encuentroproject.assistant@gmail.com)

**ARRIVAL DATE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DEPARTURE DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To participate in the Encuentro Project in El Paso / Juarez, please complete, sign, and return the following**

**statement of consent and release of liability.**

**I hereby consent to participation in the Encuentro Project in El Paso, Texas.** I understand that this program will be based at the project’s House (Casa De Encuentro) with meetings and outings in the border areas of El Paso, TX, Santa Teresa, NM, and, optional, Juarez, Mexico, and that I will be hosted by the Encuentro Project staff and/or staff of the participating organization on the stated dates. I further understand and consent to the established daily fee for the program, and that ground transportation is NOT provided by Encuentro Project.

I understand and agree that in the event that I should suffer injury of any sort while participating in this event, that I will not seek to pursue any claims against the supervisors named above, their religious congregations, i.e., Marist Brothers, Jesuits, Maryknoll Lay Missioners, or the Dioceses of El Paso, Las Cruces, or Ciudad-Juarez, the Encuentro Project and /or any of its agents, servants, employees or volunteers, unless such injury is caused by intentional or grossly negligent conduct of the said supervisor(s).

**I ALSO UNDERSTAND THAT ALCOHOL IS PROHIBITED AT CASA DE ENCUENTRO IF ANY PARTICIPANT IS UNDER THE AGE OF 21.**

**Consent to cross international border: VALID U.S. PASSPORT OR OTHER VISA DOCUMENTS REQUIRED**

**By initialing “YES”, you consent to travel across the international border into Ciudad-Juarez, Mexico. By initialing “NO”, youwill not travel across the International border as a participant of the Encuentro Project.** Travel to Juarez is for purposes of encountering persons who live and minister in Juarez/Anapra, experiencing the process of crossing of the border, experiencing the culture and conditions of the people who live near the border as well as for visiting ministries and projects there. Although the Encuentro Project takes reasonable precautions for participants to only travel to known places and via known routes, Juarez has a history of violence and there are inherent dangers that could include (but are not limited to) kidnapping or death. **Travel to Juarez will only take place if you initial “YES”. By doing so, you are agreeing to hold harmless all of the above stated agents and agreeing to accept full responsibility for the decision to travel to a potentially dangerous place.**

**Your initials: YES \_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINT Name Signature Date**

The Encuentro Project -- Acknowledgment of Risks and Release of Claims

**Name of Participant** (Please Print):

**The safety and well-being of each participant is of paramount importance to our professional staff. All reasonable care and precautions are taken to ensure a meaningful, spiritual and educational experience that is also pleasant. The following acknowledgment and release is both a requirement of insurance coverage and an important reminder to you to be sure that you are duly informed of inherent risks, and you are properly prepared.**

Travel and the activities that you will be involved in are exciting, challenging, and both physically and mentally demanding. Some activities may be stressful and possibly hazardous. The program provides goal-oriented activities that offer participants an opportunity to explore new ways of thinking related to spirituality, trust, teamwork, and leadership capabilities. These activities may include site visits, interacting with migrant/refugee persons, hikes, campfires, food preparation, and initiative games. Our philosophy is challenge by choice, meaning that participants agree to choose their own level of challenge and agree not to be coerced by instructors or other participants.

The Encuentro Project has taken precautions to provide proper equipment and qualified instructors. It is impossible, however, to guarantee absolute safety. While it is the aim and responsibility of the program and facilitators to provide you with an enjoyable, spiritual, educational, and well managed experience, you must realize that there is a degree of risk and personal responsibility for safety when participating in this program. Participants will receive instruction in up-to-date practices and risk management techniques related to all elements and activities and be supervised throughout the program. Participants are advised to call hazardous situations to the leader’s attention.

Injuries can occur. By consenting to participate you assume all risks incidental to participation in this program, including the possibility of, but not limited to bruises, sprains, strains, cuts, broken bones, partial paralysis, or even death. Signing this form indicates your recognition and understanding of the responsibilities and hazards inherent in participation of activities such as those during the program. You agree not to pursue any claims against the supervisors named above, their religious congregations, i.e., Marist Brothers, the Jesuits, Maryknoll Lay Missioners, or the Dioceses of El Paso, Las Cruces, or Juarez, the Encuentro Project and its board, and /or any of its agents, servants, employees or volunteers, in the event that you (*or your child*) should suffer injury of any sort while participating in this event, unless such injury is caused by intentional or grossly negligent conduct of the said supervisor(s).

You agree to assume all responsibilities and risks involved in the program, and for yourself and your heirs to release and hold harmless their officers and employees, from all claims and legal actions including attorneys’ fees, whether for property damage, physical injury or death due to transportation accidents, staff negligence, equipment, premises, or otherwise, arising from your participation in the program including but not limited to claims of your child, spouse, co-participants, rescuer or any third party. All prior understandings and representations between the parties are merged in this release form. This agreement shall be governed by and construed in accordance with the laws of the State of Texas. If one or more of the provisions contained herein be adjudged invalid and/or illegal, said determination shall not affect the validity of the remaining or unaffected provisions of this release.

Please confirm with your signature that you have read this information, that you agree to follow instructions and directions given by the instructors. Your voluntary signature demonstrates that you understand your responsibilities as a participant and that you assume all of the risks incidental to this program.

**PARTICIPANT SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# The Encuentro Project – El Paso, TX

# EMERGENCY CONTACT & MEDICAL INFORMATION

**Name of Participant:** \_\_\_\_\_

School, Group or Organization: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate person to contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(In the event the person named above is not available)*

Relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Medical Policy Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
    
  Policy Number: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Your Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Phone Number: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medical condition(s), medication(s), or physical restrictions of which we should be aware:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you taking medication of which Encuentro Project team needs be aware?

\_\_\_\_\_ YES Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ NO

**Do you suffer from any allergies that we should be aware of – including food allergies or preferences, such as vegetarian?**

**\_\_\_\_\_ YES Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_ NO**

**In the event of a medical emergency, I hereby give permission for medical attention to be administered by a licensed physician or urgent care facility.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### The Encuentro Project – El Paso, TX

# GUIDELINES for ADULT PARTICIPANTS

**The Encuentro Project aims to help participants come to a better understanding of the international border, the present reality of migrant and refugee peoples in the area, immigration laws, the culture and lifestyle of the people who live near the border, including: the spirituality of the border, and both the joys and the struggles of life along the border. We also review Catholic Social Teaching.**

**Periods of prayer, personal reflection, shared discussions, and group activities help to build community and establish an atmosphere of acceptance among the participants. The following guidelines are presented as a basis for establishing a safe and welcoming environment where “encuentro” exists and personal & spiritual growth can occur.**

1. Regarding house property, buildings, grounds, and equipment:

* Please follow requests, procedures and regulations regarding where one is to be at any given time during the program, where food and snacks may be eaten, the use of lights, heat, air conditioning, water, cleaning-up after the retreat, and the reporting of property damage.
* Conserve water, since we are in a desert area, and deposit recyclable items in appropriate bins.

1. Cooperation and good will on the part of the participants are essential to the smooth running of any program. Participants’ full cooperation is expected in the following areas:

* Participants, please remain with the group at all times, please be on time for all activities, participate in discussions and prayer experiences (though one can of course choose to ‘pass’), wear name tags when appropriate, observe quiet when directed, and follow all directions as needed for the proper running of the program.
* Participants, please consult staff if there’s an issue with your room assignments.
* You are responsible for your items, especially those of important value.
* Please inform a staff member if you leave the immediate area of the house.
* The house and the grounds surrounding it are considered: No Smoking and Drug Free zones.

1. The unrestricted use of mobile phones is distracting and contributes negatively to the success of the program. Please refrain from their use during presentation times, reflection times, prayers, meals, etc. The use of cell phones during free time or to take photos is fine.

**Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**