

Liability Release for Participation in Cross of Glory Sponsored Mission Trip

A separate form must be completed for each participant.

Trip Details

Dates of Trip: _____ Location of Trip: _____

Description of Activity/Trip: _____

Participant and Emergency Contact Information

Name of participant (exactly as printed on passport): _____

Name and Phone of Emergency Contact: _____

Medical/Health Information

Any physical disabilities or challenges? ☐ Yes ☐ No

If yes, please describe: _____

Is participant under the care of a physician? ☐ Yes ☐ No

If yes, please describe: _____

List any medications and dosage: _____

List any allergies: _____

List any special dietary needs: _____

Date of last tetanus shot (must be within last 5 years): _____

Insurance Information

Name of insurance Company and Policy Number: _____

Name of policyholder: _____ Relationship to participant: _____

Participant's Agreement

The following to be read and filled out by participant or parent/guardian if under 18 years of age.

By signing below, the participant or the authorized guardian of the participant acknowledges and agrees to the following:

- Participation on this short-term mission trip is on a volunteer basis.
- I am receiving no financial compensation of any type for participating.
- I accept the risk of possible personal injury or illness that may be associated with participation on this mission trip.
- All expenses associated with my participation in this trip are my responsibility (even if there are fundraisers).
- I understand certain expenses such as the cost of airline tickets are not refundable (in most cases) if I should cancel this application after those expenses have been incurred. Depending on trip, air transportation may be sole responsibility of participant.
- I understand that all costs for this trip are to be submitted in accordance with the required schedule of due dates established for this trip and that my deposit is non-refundable unless the trip does not occur (it may be transferrable to another potential participant).

Signature of Participant

Date

If participant is less than 18 years of age, a parent or guardian must complete the following and sign below.

I, _____ (print your name), give my consent for _____
(name of participant) to participate on this trip with Cross of Glory Church.

Signature of Parent/Guardian

Relationship to Participant

Date

Liability Waiver and Release (notarization of this form is required)

In consideration of being allowed to participate in the trip sponsored by Cross of Glory Church, and in consideration of the benefits to be derived, I hereby release Cross of Glory Church, and its partners and/or agents and their present and former elders, staff, officers, directors, members, employees, agents and their administrators, and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my participation or the participation of any member of my family including my spouse or minor child, in the trip.

I recognize that the conditions in some of the places to which I will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks as well as other risks to personnel and property, and I participate in this trip willingly. In the event of an emergency, I hereby authorize a leader of this trip, as an agent for me, to consent to: any x-ray examination; medical, dental or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the law of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect my family to be contacted as soon as possible. I certify that I am of lawful age and competent to sign this Release and have done so voluntarily.

I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damages, arising out of my participation in the trip.

I understand that this Release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses, or liabilities and the consequences thereof, which result from the matters referred to above as well as those now disclosed and known to exist. The provisions of any state, federal, local, territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles through a mutually acceptable mediation/arbitration process such as PeaceMaker Ministries. Web site is www.hispeace.org.

Participant Release (Do not sign until with Notary)

I certify the above information is correct and I HAVE READ THE LIABILITY WAIVER AND RELEASE. In an emergency I give my permission to a licensed physician to hospitalize, anesthetize, or perform surgery as needed and additionally agree to all conditions stated in the LIABILITY WAIVER & RELEASE.

Signature: _____ Date: _____

Relationship to Participant: _____

NOTARY:

Please notarize all copies separately. This application will not be complete unless notarized, and participation may be declined.

State of: _____ County of: _____

Sworn to and subscribe to me this _____ Day of _____

Signature: _____

My commission expires: _____