



**GATEWAY COMMUNITY CHRISTIAN REFORMED CHURCH  
PHILIPPINES MISSIONS TRIP  
WAIVER OF LIABILITY AND RELEASE OF CLAIMS**

To participate in a variety of activity on the Philippines Missions Trip, this form (both pages) must be completed and returned to the church office.

First Name of Student: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birthday (MM/DD/YYYY): \_\_\_\_\_ Gender: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

**GATEWAY COMMUNITY CHRISTIAN REFORMED CHURCH  
PHILIPPINES MISSIONS TRIP  
WAIVER OF LIABILITY AND RELEASE OF CLAIMS**

**Read carefully**

BY SIGNING THIS, YOU GIVE UP ALL RIGHTS TO LITIGATION

**I AGREE** TO THIS WAIVER OF LIABILITY AND RELEASE OF CLAIMS is in respect to GATEWAY COMMUNITY CHRISTIAN REFORMED CHURCH of ABBOTSFORD (GCCRC), its officers and directors, employees, pastors, council members, congregation members, volunteers and/or managers

**I understand** that activities on the Philippines Missions Trip involve certain dangers, which may include, but are not limited to:

- Damage to, loss of, or theft of property to
- Minor injuries such as scratches, bruises and sprains to
- Major injuries such as loss of sight, joint or back injuries, concussions, and heart attacks to
- Catastrophic injuries including paralysis and death

**I accept all of the risks** and the possibility of death, personal injury, property damage and loss resulting from my son or daughter's involvement in this activity.

**I release** the GCCRC, its officers and directors, employees, pastors, council members, congregation members, volunteers and/or managers from any and all liability for any personal injury, death, property damage or loss of my child.

**I certify** that I my son or daughter is physically capable and fit to participate in the activities of GCCRC Philippines Missions Trip and that there are no medical conditions or needs that would prevent him or her from participating in the activities

**I confirm** that I am 18 years of age or older or where I am under 18 years of age, through my legal guardian, I agree that I will pay for all costs incurred by GCCRC its officers and directors, employees, pastors, council members, congregation members, volunteers and/or managers should a suit be launched on behalf of me, my child, or charge or organization.

**I acknowledge** that GCCRC personnel have been available to fully explain the various hazards and risks associated with the activity.



**I agree** that, even though I or my child may not live in British Columbia, the laws of British Columbia govern this Waiver of Liability and Release of Claims and will be enforceable in any court of law.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, (Circle one) 2021 / 2022 at the City of Abbotsford in the province of British Columbia

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent or Legal Guardian  
(if participant under the age of 19)

\_\_\_\_\_  
Parent Legal Guardian Signature

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed Name of Witness