

GARBER UNITED METHODIST CHURCH
Acknowledgement, Waiver and Release of Liability

Participant's Name: _____ Date of Birth: ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Emergency Contact Person: _____ Phone Number: _____

READ CAREFULLY - THIS CONTAINS A GENERAL RELEASE OF CLAIMS.

In consideration for the opportunity to participate in the _____, Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in the trip. Participant (or parent/ guardian) accepts personal financial responsibility for any injury sustained during the trip. Further, Participant (or parent/guardian) waives, releases, and discharges Garber United Methodist Church (its Board of Trustees, employees, volunteers and agents) ("Garber") from any and all claims for damages for personal injury, death or property damage which the Participant (or parent/guardian) may have, or which may hereafter accrue to the Participant (parent/guardian), as a result of participation in the trip. It is further agreed that this waiver and release is to be binding on Participant's heirs, assigns, and personal representatives.

This release is intended to discharge in advance Garber from any and all liability arising out of or in any way connected with Participant's involvement in the trip, including, but not limited to, the actions of other visitors, participants, or other persons who may be present on the trip.

The Participant has read and agrees to abide by all mission trip rules, including those contained in Garber's Safe Sanctuary policy, at all times while on the mission trip.

Participant (or parent/legal guardian of minor)

Witness (GUMC Staff Member)

The Participant and/or parent/guardian of the minor participant must sign this form in the presence of a designated representative of Garber (non participating staff member). If the parent/legal guardian of a minor participant is not available to sign this form in the presence of a Garber representative, then the signature of such parent/legal guardian must be notarized.

State of North Carolina, County of _____

On this ____ day of _____, 20__, before me appeared _____ to me personally known, and who acknowledged the execution of this instrument as his/her free act.

(SEAL)
Notary Public

My Commission Expires: _____