

## ADULT WAIVER AND RELEASE

### 2022 Belize Student Mission Trip BRIDGEWAY CHURCH

I \_\_\_\_\_ hereby acknowledge that I have voluntarily consented to participate in the **2022 BridgeSeven (B7) Students Mission Trip to Belize on July 23-29<sup>th</sup> 2022** hosted by the student ministry Bridgeway Church.

#### INFORMED CONSENT

I understand this is a 7 days and 6 nights round trip in Belize. The group leaves the **U.S. on Saturday, July 23<sup>rd</sup> and arrives in Belize on July 23<sup>rd</sup>, 2022. Then leaving Belize on Friday, July 29<sup>th</sup> and returning to the U.S. on July 29<sup>th</sup>, 2022.** This trip includes flights and luggage fees, room and board and meals. All students and leaders are responsible for personal expenses. **PARTICIPANTS** are responsible for providing their own transportation to and from U.S. airports. Personal expenses, souvenirs, snacks, gifts, tips are not included in the cost. **The official beginning of the trip is boarding the airplane in Tampa, FL., with group, on July 23<sup>rd</sup>, 2022, and the official termination of the trip upon de-boarding the airplane with group in Tampa, FL., on July 29<sup>th</sup>, 2022.**

I acknowledge and understand it is my personal responsibility to obtain all travel documentation (such as a passport valid for at least six months for U.S. citizens after trip dates) and Visa (if applicable), to travel to Belize, to pay trip cost in full prior to **July 11<sup>th</sup>, 2022** and know **trip cost are non-refundable**. Passport and visa fees are not included in the cost of the trip and are my responsibility.

I understand that travel outside the U.S. is potentially dangerous and I accept the risks of such travel. I understand the risks involved in traveling, to, within and from the U.S, including but not limited to foreign political, legal, social, and economic conditions, language barriers, safety hazards, crime, disease, consumption of food, civil unrest or hostilities, terrorism, war, natural disasters and weather conditions, and negligent first aid operations or medical treatment. I further understand that as a participant I could sustain personal injuries, property damage, or even death. Nevertheless, I want to have the opportunity to participate in the activities supported by the Church, and this Activity Release is given in exchange for that opportunity.

I understand that the Church will have a scheduled itinerary which involves constant movement and I need to be at designated places at the appropriate times. I acknowledge and understand and agree to keep up with the scheduled itinerary at all times.

I understand that it is my personal responsibility to confirm that there is no legal impediment to travel for myself or for those in my party. It is also my responsibility to comply with all laws and regulations governing domestic and international travel.

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I understand and hereby acknowledge that I have carefully reviewed the directives and recommendations, including recommendations concerning immunizations, medicines, the need to consult a physician of my own choosing and have been advised by said physician that I am in good

health, do not suffer from any physical or mental condition, ailment or disability which requires any medical or surgical care or treatment, or which would make my travel to, in and around Israel hazardous, unwise, unwarranted or a potential source of danger to myself or to others who may travel with or participate on the trip. (\_\_\_\_ **Initials**)

### PERSONAL MEDICAL INSURANCE

I agree that I currently have or will purchase (and maintain during the term of the trip) personal medical insurance that is applicable in the U.S. and in **Belize**. I understand that the Church only provides **travel insurance that covers flight delays, cancellation, limited medical protection, and luggage lost or damage**. I further acknowledge and agree that I am responsible for the cost of any and all additional medical and health services which are not covered under my insurance plan. I understand and agree that it is incumbent on me to purchase any additional health care and travel assistance coverage that I might need for this trip. (\_\_\_\_ **Initials**)

### PERSONAL BELONGINGS

I understand and acknowledge that the Church is not responsible for the loss of any personal belongings or property that I sustain during my participation in this trip, including but not limited to the loss of credit cards, cash, luggage, and other items on the airlines, coach buses, hotels, etc. (\_\_\_\_ **Initials**)

### WAIVER, RELEASE, AND INDEMNIFICATION

I waive, release, indemnify, and promise not to sue the Church and/or all of its constituent organizations, agents, ministers, employees, and volunteers (collectively "Released Parties") from all demands, claims, or liability, in law or in equity, **including the Released Parties' own negligence**, that have arisen or may arise from this activity, including travel associated with this activity, and that involve any damage, loss, or injury to me or my property. **I fully assume the risks associated with participating in this activity.** This waiver, release indemnification, and promise not to sue does not apply to claims of criminal conduct, gross negligence, or intentional acts. (\_\_\_\_ **Initials**)

### PHOTOGRAPH, RECORD AND PUBLISHING

As a condition of my participation I understand that the Church may take photographs, recordings, statements or quotations of me during the trip and I agree that the Church has permission to publish them in a manner the Church deems appropriate without payment to me of any fees or compensation whatsoever. (\_\_\_\_ **Initials**)

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#### MEDICAL

In case of medical need or injury, and I am unable to authorize medical treatment, I hereby authorize the Church to make every reasonable effort to arrange for the appropriate services for me up to and including, medical, dental or surgical treatment, including but not limited to the administration of X-rays, anesthetic or anesthesia by any medical professional chosen by the Church. I will be responsible for any medical and related expenses. **Any provider of care can rely on this Consent as authority to treat me as appropriate and to bill me directly for the cost thereof.**

(\_\_\_\_ **Initials**)

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. **I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY THE RELEASEES.** To revoke this agreement, I must notify the Church in writing in advance of the event.

#### ***Participant Information:***

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

*Zip*

\_\_\_\_\_  
*Home Phone*

\_\_\_\_\_  
*Mobile Phone*

