

PARENT/GUARDIAN / STUDENT WAIVER AND RELEASE FORM

2026 Nicaragua Student Mission Trip

BRIDGEWAY CHURCH

I give permission for my child, _____, to participate in all activities during the **2026 BridgeSeven (B7) Students Mission Trip to Nicaragua on July 11-17th 2026** in the country of **Nicaragua**.

I understand that my child will be traveling outside the U.S. 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 my child could sustain personal injuries, property damage, or even death. Nevertheless, I consent to have my child participate in the activities supported by the Church, and this Activity Release is given in exchange for that opportunity.

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 for my child 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.

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.

Legal Parent/Guardian Information: Date _____

Printed Name *Signature*

Address

City *State* *Zip*

Home Phone *Mobile Phone*

STATE OF FLORIDA

County of _____

The foregoing instrument was acknowledged before me this

_____ by

_____.

Given under my hand and seal of office, on _____, 2024.

Notary's official signature: _____

Notary's official signature: _____

Commission Expiration: _____

SEAL: