

***New Life Advance International***

**P.O. Box 35857  
Houston, TX 77235-5857**

**Release of Liability**

I, the undersigned individual, am making a missions trip under the auspices of the ministry of New Life Advance International. As such they have and will give direction and guidance in my personal safety. They have informed me of any potential risks associated with all International travel as well as specific travel to my ultimate destination.

New Life Advance International, by and through its representatives, has informed me concerning the possibilities of problems and dangers which could occur during my trip should I venture or depart on my own or with others to engage in activities which are neither planned or sanctioned by New Life Advance International. I am an adult/minor fully conscious of what could happen should I undertake such an excursion and fully assume any and all risks incident to such excursion(s). I release New Life Advance International from any and all responsibilities should something happen during such a venture or departure and will in no event attempt to hold New Life Advance International responsible.

In addition, I hereby release New Life Advance International and/or its President, Kendon Wheeler, and/or its appointed agents, employees, or volunteer assistants from any liability whatsoever arising out of any accident, sickness, death, damage or loss which may be sustained by said person during the course of/or involvement with New Life Advance International.

**Authorization for Medical Treatment**

In the event of illness or injury while on this trip, I agree to the performance of such treatment, anesthesia, and operation, which in the opinion of the attending physician is deemed necessary. I hereby accept full responsibility for any and all expenses for medical treatment and medicines that may incur during this mission trip.

Additionally, I accept full responsibility for any expenses related to an illness or injury resulting from my time on this mission trip which might become evident after my return home.

Signed by me this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Signature of Parent/Guardian (if under 21)

Witness:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

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