

AURORA MISSION TRIP VOLUNTEER SIGN UP AND RELEASE OF LIABILITY

I hereby certify that from July 23-29, 2016, I am volunteering my time to help with Cherokee Strip Baptist Association in their Partnership Mission work in Aurora, CO. I acknowledge I will be assigned one or more volunteer tasks, and that I will complete the task(s) assigned to the best of my ability and will treat all persons and property involved with cordiality and respect. I give my consent and release for photographs taken during the mission trip.

Name (please print): _____ Age _____

Home Phone # _____ Cell Phone # _____ E-mail _____

Emergency Contact Name: _____ Emergency Phone Number: _____

Insurance Carrier: _____ Policy/Group Number: _____

Name of Insured: _____ Address of Company: _____

Release, Indemnification Agreement, Liability, and Parental Consent Agreement

I desire to participate in the *Aurora Mission Trip*, and as a part of that participation, I agree to the following:

I release from responsibility and forever waive any right I have for any action or any claim of any sort, including but not limited to: any personal injury, property damage, or wrongful death, whether known or unknown, against Cherokee Strip Baptist Association or any of their employees, representatives, agents, or volunteers (collectively referred to as "Releasees") that might occur as part of participation in this project.

I further indemnify and hold harmless the Releasees from any claim or litigation for compensatory or punitive damages, included but not limited to: judgments, assessments, and/or attorneys' fees arising out of participation in the *Aurora Mission Trip*.

I understand this Agreement is continuing in nature. I agree to it knowingly and voluntarily, and without duress or undue influence.

Participant's Signature: _____ **Date:** _____

If under 18, I give permission for my son/daughter (name of child) _____ to participate in the *Aurora Youth Mission Trip*, July 16-22, 2016. In permitting my child to participate in the *Aurora Mission Trip*, I agree to the following:

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination; anesthetic: medical, surgical, or dental diagnosis or treatment; and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by said church as the result of the negligent, willful or intentional, acts of said participant, including expense incurred attendant thereto.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Cherokee Strip Baptist Association.

IN WITNESS WHEREOF, the undersigned hereby executes this Agreement on the date set forth below:

Parent or Legal Guardian's Signature: _____ **Date:** _____

Printed Name of Parent or Legal Guardian: _____