

Short-Term Mission Trip Risk
Acknowledgement and Release Form

Participation Information *(to be completed by participant or an authorized guardian)*

Name of participant: _____

Address: _____

_____ **Telephone:** _____

Name of emergency contact: _____

Daytime telephone: _____ **Evening telephone:** _____

List any current allergies, illnesses, physical conditions, or medications: _____

Is sponsor authorized to approve medical treatment? ___ Yes ___ No

Is participant covered by personal/family medical insurance? ___ Yes ___ No

If yes, name of insurer: _____

Policy or group number: _____

Participant Agreement *(to be completed by participant or by parents or guardians if participant is a minor)*

I acknowledge that participation in the above trip involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to the following sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the above trip, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in the trip. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the trip. Further, the Participant (or parent/guardian) promises to indemnify, defend and hold harmless the Trip Sponsor and its agents, volunteers or any other representatives (collectively included hereinafter in the term "Trip Sponsor") for any injury related directly or indirectly out of the above trip, whether such injury arises out of the negligence of the Trip Sponsor or otherwise.

Signature: _____ **Date:** _____

Participant or parent/guardian if participant is a minor

Signature: _____ **Date:** _____

Participant or parent/guardian if participant is a minor