



# Short-Term Mission Trip Risk Acknowledgement and Release Form



Mission Project to: \_\_\_\_\_ Mission Project Dates: \_\_\_\_\_

## Participant Information *(To be completed by Participant or Parent)*

Name of Participant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Prohibited activities (for a minor Participant): \_\_\_\_\_

List any current allergies, illnesses, physical conditions, or medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is Trip 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, if Participant is a minor)*

I acknowledge that participation in the above trip involves risk to the individual listed above as the Participant (referred to as "Participant" throughout this document) (and to Participant's Parent, 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) acknowledges and accepts the risks of injury associated with participation in the trip. The Participant (or Parent) accepts personal financial responsibility for any injury or other loss sustained during the trip or during transportation to and from the trip, as well as for any medical treatment rendered to the Participant that is authorized by the Trip Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Trip Sponsor"). Further, the Participant (or Parent) releases and promises to indemnify, defend, and hold harmless the Trip Sponsor and its agents, employees, volunteers, or any other representatives 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.

If a dispute over this agreement or any claim for damages arises, the Participant (or Parent) agrees to resolve the matter through a mutually acceptable Biblically based alternative dispute resolution process. If the Participant (or Parent) and the Trip Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

In the event that I or other emergency contact persons are unable to be reached, I authorize ministry personnel to consent to necessary medical treatment recommended by a medical professional on my or my minor child's behalf.

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## Photo Use Agreement *(This release can be a separate document if the ministry so chooses)*

1. Use and storage of Participant's name and image, by means of digital or film photography, video photography, audio recording or other documentation, with respect to the trip.
2. Use of any stored data including Participant's name and image in printed publications of Trip Sponsor.
3. Use of any stored data including Participant's name and image in electronic publications of Trip Sponsor.
4. Use of any stored data including Participant's name and image in any Web site created by or for Trip Sponsor for its sole benefit.
5. If I am signing this agreement on behalf of a minor child, I hereby warrant that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child.

By signing below I acknowledge and warrant that the information that I have provided on this form is true and correct to the best of my knowledge. I further agree to immediately notify the Activity Sponsor of any change in the information presented. I understand that this form is valid and legally binding until revoked in writing by the Participant (or the Participant's parent(s) or guardian(s) if the Participant is a minor).

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Participant*

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent/guardian if participant is a minor*

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent/guardian if participant is a minor*

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Witness*