

RELEASE FORM FOR MISSION TRIP LIABILITY

THIS IS A COMPLETE RELEASE OF POTENTIAL CLAIMS

TO BE COMPLETED BY APPLICANT IF 18 OR OLDER OR BY PARENT OR GUARDIAN OF APPLICANT IF APPLICANT IS UNDER 18.

In consideration of my being accepted by Under the Influence Ministries (UTIM AND AHM) and Awakening Hope Ministries (AHM) as a mission/ministry team participant, I do hereby release UTIM and AHM from any liability related to my travels with said organization and their partner organizations both in the United States and overseas. This release is for the trips and dates specified at the end of this document. I also make the following representations about myself:

I am 18 years of age or older. (If not yet 18, both youth and parents must initial and sign).

I am in good health and have received or will receive all vaccinations required by my county or state health department for travel in the countries or areas to be visited on this trip.

I acknowledge that international travel involves danger and risk. I acknowledge that the dangers and risks include, but are not limited to, the hazards of travel by air, boat, raft, jeep, automobile, bus, taxi, bicycle, and on foot, travel in foreign countries, in jungles, mountains, high altitudes, steep terrain; travel and/or attendance at meetings among possibly unfriendly persons; sickness or injury in areas where medical assistance may be primitive or inadequate, unavailable or not readily available, and/or where rapid evacuation is not available; or where there is exposure to crime, to civil unrest and to forces of nature or other dangers. I understand that the above and/or other possibilities are risks in ministry/missions travel.

I acknowledge that UTIM AND AHM does not accept any responsibility for injury, illness or loss suffered by me, and that all medical or personal expenses in connection with or made necessary by my illness or injury on this trip are my own responsibility.

I acknowledge that UTIM AND AHM does not carry any insurance other than basic travel emergency medical insurance. I acknowledge that UTIM AND AHM has advised me that UTIM AND AHM does not accept any responsibility for any injury, loss or damage not covered by the above-mentioned insurance. I further acknowledge that UTIM AND AHM has recommended that I carry or obtain primary medical insurance to cover possible additional medical needs, especially related to previously existing medical conditions.

I hereby assume all risk of personal injury, sickness, or death, and damage to or loss of my personal property, and any delay, change or cancellation of travel arrangements, and any and all other damage or expenses I may suffer as a result of participation in this ministry/mission trip or in activities related to it. I agree to be fully responsible for my actions. Should I become ill or injured or suffer other damage, I will pay all costs involved including costs of evacuation and medical care I might receive.

I authorize the mission team leader and/or facilitator as agent(s) for the undersigned to consent to any X-ray examinations, anesthetic, surgical diagnosis, or treatments, and hospital care which is deemed advisable by and rendered under the general or special supervision of any licensed physician, and surgeon in the case of emergency or in such case that I do not have the capacity to render such a decision and my emergency contacts cannot be reached.

It is understood that this authorization is given in advance of any specific diagnostic treatment of hospital care being required, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the physician in the exercise of his/her best judgment, deem advisable.

I also grant permission for medical treatment by team leaders for minor complaints not needing professional medical intervention, such as, but not limited to, headaches, insect bites, stomach problems, coughs, nasal congestion, cuts, and abrasions.

Electronic Signature: _____. Date _____

In consideration of my being permitted to participate as a team member with UTIM AND AHM on the below mentioned ministry trip (Please initial each paragraph.)

I accept and assume all risks and hazards from this activity, both known and unknown, including but not limited to the risks and hazards previously indicated.

Initial: _____

I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify UTIM AND AHM, its directors, officers, agents employees, coordinators, facilitators, volunteers, and other team members from any and all liability, claims, demands, actions or rights of actions, which are related to, arise out of, or are in any way connected with my participation in this activity, which I now have or may have in the future, specifically including but not limited to the negligent acts or omissions of any person so released, held harmless and indemnified, and specifically including claims relating to any personal injury that I may suffer.

RELEASE FORM FOR MISSION TRIP LIABILITY

THIS IS A COMPLETE RELEASE OF POTENTIAL CLAIMS

Initial: _____

I agree not to make a claim, file suit or demand anything from any injury, death or loss that arises from my participation in this activity.

Initial: _____

I agree to pay the costs and/or legal expenses incurred by the trip leader(s), organizers and/or participants as a result of any claim or suit led by me, or led by anyone else as a result of my conduct.

Initial: _____

I consent and agree to pay for any medical treatment rendered to me by anyone for any injury or other medical situation during, or resulting from, my participation.

Initials: _____

Where applicable, I authorize UTIM AND AHM to arrange from transportation, food, and lodging for me on this trip.

Initial: _____

I agree that these promises, agreements, assumptions of risk and releases bind me, my family, all minors with me or on whose behalf I sign, and my heirs or legal representatives and assigns.

Initial: _____

I authorize UTIM AND AHM and their partner organizations to use video or photographs taken of me during this trip for advertising, promotional materials, web page, and publications for future trips.

Initial: _____

I have read this release carefully, including this page and the prior page. I am aware that I am giving up important legal rights and sign of my own free will. (To be completed by applicant if 18 or older or by parent or guardian of applicant if applicant is under 18.)

Signature _____ Date _____

Print Name _____

Trip Location _____ Trip Dates _____

I hereby make each of the above statements, acknowledgements, authorizations, releases, discharges, hold harmless agreements, indemnities and other agreements on behalf of my minor child or children, accompanying me or participating alone on this trip whose name(s) appear(s) below, and agree that they shall be binding on each minor child, his heirs, successors and assigns:

Name of minor child/children _____