

PROJECT MEXICO LIABILITY RELEASE FORM

Please complete this form and return to your group leader.

(Participants under eighteen years old)

I hereby give permission for my son/daughter, _____, to participate on one or more mission work trips ("Work Trips") to be conducted by Project Mexico during the calendar year of 2013.
(Please print clearly)

(Participants eighteen years old and older)

I, _____, hereby acknowledge the following:
(Please print clearly)

(Initial)

_____ I understand and acknowledge that my/my child's participation in the Work Trips to Mexico will expose me/my child to risks and possible dangers including, but not limited to, risks of accidents, disease, war, political unrest, injury from construction projects, and other calamities. I understand I/ my child may be working at a temporary construction site with hand tools, equipment, ladders, scaffolding, and building materials such as wood, sand and cement. The quality of the tools, equipment and materials, as well as the condition of the construction site, may not be to the same standard or level of quality as typically used for housing projects in the United States.

(Initial)

_____ I hereby assume all risks of injury to me/my child that might result from my/my child's participation in the Work Trip, including, but not limited to, the risks of traveling to and from the site of the Work Trip in Mexico, and for the work performed by myself/my child and others on the Work Trip.

(Initial)

_____ To the maximum extent available under law, I hereby waive and release and give up all my claims against Project Mexico and each of its officers, directors, employees, or other agents (collectively "Project Mexico") for any injury, accident, illness or death occurring to me/my child during, or by reason of, the Work Trip. I also agree to relieve Project Mexico of any responsibility for damage or loss to my/my child's property occurring during, or by reason of, the Work Trip. I freely accept and fully assume any and all risks and dangers that may arise out of or in connection with this service trip, whether caused in whole or in part by the negligence or conduct of Project Mexico, its subsidiaries or affiliates, or their respective officers, directors, managers, employees, agents, vendors or volunteers.

(Initial)

_____ I have carefully read the foregoing and I understand that my signature on this instrument holds Project Mexico blameless for any liability concerning my/my child's personal health and well-being, or any liability for injury, damage, loss, accident, delay, or irregularity in schedule.

This Release of Liability represents the entire agreement between Project Mexico and me with respect to the subject matter set forth above. It supersedes all prior and contemporaneous agreements, communications, representations or understandings between us. If any provision is determined to be invalid or unenforceable, the remaining provisions will remain valid and enforceable.

BY SIGNING BELOW, I ACKNOWLEDGE I HAVE CAREFULLY READ THE PROVISIONS OF THIS RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS AND AGREE TO BE BOUND BY ITS PROVISIONS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND I WILL BE PREVENTED FROM MAKING ANY CLAIM OR FILING ANY LAWSUIT AGAINST PROJECT MEXICO, ITS SUBSIDIARIES AND AFFILIATES, AND THEIR RESPECTIVE OFFICERS, DIRECTORS, MANAGERS, EMPLOYEES, AGENTS, VENDORS AND VOLUNTEERS, ARISING OUT OF OR IN CONNECTION WITH THIS SERVICE TRIP.

Date: _____

Participants Name: _____

Participants Signature: _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN-Required if the above Participant is under 18 years old:

(Initial)

_____ I am the parent and/or legal guardian of the above Participant. I hereby consent to the above Participant's participation in this Mission Trip (which includes traveling to, from and in Mexico). I represent that my consent to this Release of Liability is legally sufficient and no other consent from any other person is required by applicable law.

BY SIGNING BELOW, I ACKNOWLEDGE I HAVE CAREFULLY READ THE PROVISIONS OF THIS RELEASE OF LIABILITY, FULLY UNDERSTAND ITS CONTENTS AND AGREE TO BE BOUND BY ITS PROVISIONS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND I AND THE ABOVE PARTICIPANT WILL BE PREVENTED FROM MAKING ANY CLAIM OR FILING ANY LAWSUIT AGAINST PROJECT MEXICO, ITS SUBSIDIARIES AND AFFILIATES, AND THEIR RESPECTIVE OFFICERS, DIRECTORS, MANAGERS, EMPLOYEES, AGENTS, VENDORS OR VOLUNTEERS, ARISING OUT OF OR IN CONNECTION WITH THIS WORK TRIP.

Date: _____

Name: _____

Signature: _____

CONSENT AND AUTHORIZATION

In consideration of my participation in the Work Trip to Mexico, I hereby irrevocably consent to and authorize the use, publication, transmission and reproduction of my likeness and image, in any and all media by Project Mexico, or anyone authorized by or acting on behalf of Project Mexico, for promotional, fundraising, advertising, marketing and/or public relations purposes.

Date: _____

Participant Signature: _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN—Required if the above Participant is under 18 years old

I am the parent and/or legal guardian of the above Participant. By signing below, I acknowledge I have carefully read the Provisions of this Consent and Authorization, fully understand its contents and agree to be bound by its provisions. I also hereby consent to the use, publication, transmission and reproduction of the Participant's name, likeness, and image as set forth in this Consent and Authorization. I represent that my consent to this Consent and Authorization is legally sufficient and no other consent from any other person is required by law.

Date: _____

Signature: _____

Name: _____

PROJECT MEXICO MEDICAL RELEASE FORM

Required for all participants- Please return this form to your group leader.

Participant's Legal Name: _____ Date of Birth: ____/____/____

Social Security Number: _____ - _____ - _____ Place of Birth: _____
City, State, Country

Current Address: _____ Home Phone: (____) _____ - _____

_____ Emergency Phone: (____) _____ - _____

Parent/Legal Guardian Name, if Participant under 18: _____

Family Physician: _____ Phone Number: (____) _____ - _____

Insurance Company: _____

ID Number: _____ Policy Number: _____ Group Number: _____

Date of Last Tetanus: ____/____/____ Allergies: _____

Blood Type: _____

Special Medication, Medical Disorders and Instructions/Dosages: _____

I, _____ hereby authorize the participation of my child,
_____, in all official activities during the Project Mexico Work Trip
scheduled for _____. **IN THE EVENT OF ILLNESS, INJURY, OR EMERGENCY, I give
my permission for the group leader, _____, to make decisions regarding
medical treatment. I also authorize the physician selected by the group leader to secure proper
treatment, to hospitalize and/or to order injection, anesthesia or surgery for the participant named
above.**

Signed: _____ Date: ____/____/____
(Participant)

Signed: _____ Date: ____/____/____
(Parent/Legal Guardian if Participant under the age of 18)

PROJECT MEXICO CONDUCT AGREEMENT

Required for all participants.

Please complete this form and return to your group leader.

Group leaders must return forms to Project Mexico with the balance of trip fees.

I, as a member of a Project Mexico group, will seek to glorify God on our home building trip by:

- Sharing God's love through various ministries in word and deed
- Showing a servant's attitude at all times
- Showing love for others who are different
- Demonstrating selflessness in my actions and words
- Working without complaining
- Being willing to do whatever is asked
- Showing teamwork in all I do
- Taking any problems I have to the person who can solve them rather than complaining to someone who can't

I also agree to comply with the Project Mexico rules of conduct by:

- Carefully following the dress code
- Attending all Church services
- Obeying the curfew
- Avoiding all use of alcohol, drugs, weapons, and firecrackers
- Being careful and culturally sensitive in my interaction with the opposite sex

I have read and agree to comply with the Project Mexico Conduct Agreement at all times during my participation in the work trip. I understand that failure to do so could result in my being sent home early and not being able to participate in future trips.

PARTICIPANT

PARTICIPANT SIGNATURE

____/____/____
DATE