

Short-Term Mission Trip Risk Acknowledgement and Release Form

Trip Information(To be completed by the trip sponsor)

(10 be completed by the trip sponsor)	
Sponsoring organization (Trip Sponsor):	
Location of mission trip:	Dates:
Nature of mission trip:	
Name of trip sponsor's coordinator:	Telephone:
E-mail:	
Participant Information	
(To be completed by participant or authoriz	
Name of participant:	
Address:	
Name of emergency contact:	
Daytime telephone:	
List any current allergies, illnesses, physical conditions, or medication	
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 guardian	
I acknowledge that participation in the above trip involves risk to the Participant is a minor), and may result in various types of injurial triples.	
sickness, bodily injury, death, emotional injury, personal injury, property da	
In annidonation for the compositivities to most installing the above twing the De	uti sin ant (au manat / au au dian if Dauti sin ant in
In consideration for the opportunity to participate in the above trip, the Para a minor) acknowledges and accepts the risks of injury associated with participate.	
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 Tr	
teers, or any other representatives (collectively included hereinafter in the trectly or indirectly out of the above trip, whether such injury arises out of the above trip.	
rectly of maneetly out of the above trip, whether such injury unites out of the	the regulative of the Imp Sportsor of otherwise.
If a dispute over this agreement or any claim for damages arises, the Partic	
the matter through a mutually acceptable alternative dispute resolution pro and the Trip Sponsor cannot agree upon such a process, the dispute will be	ocess. It the Participant (or parent/guardian)
of the American Arbitration Association for final resolution.	submitted to a time member arbitration paner
	_
Signature: Participant or parent/guardian if participant is a minor	Date:
I in notposite of partition, grant with a partition to a militar	
Signature:	Date:
Signature: Parent/guardian if participant is a minor Mac (c. (202)	

M106 (6/03)