

MISSION TRIP PARTICIPATION - LIABILITY FORM

I DESIRE TO TRAVEL TO HAITI IN COOPERATION WITH ELEVATING CHRISTIAN MINISTRIES. ELEVATING CHRISTIAN MINISTRIES IS ORGANIZING THE MISSION TRIP AND IT IS MY DESIRE, IN RECOGNITION OF THIS SERVICE, THAT ELEVATING CHRISTIAN MINISTRIES AND ITS EMPLOYEES, REPRESENTATIVES AND DIRECTORS (THE "RELEASED PARTIES") HAVE NO LEGAL EXPOSURE. THEREFORE, I COVENANT AND AGREE AS FOLLOWS: TO THE FULLEST EXTENT PERMITTED BY LAW, I, ON BEHALF OF MYSELF, MY FAMILY, MY ESTATE, AND EACH OF SUCH PERSON'S HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, AFFILIATES, AND ASSIGNS (TOGETHER WITH MYSELF, THE "RELEASING PARTIES") FULLY, UNCONDITIONALLY, AND WITHOUT RESERVE, RELEASE, AND FOREVER DISCHARGE, THE RELEASED PARTIES FROM ANY AND ALL CLAIMS, DEMANDS, LOSSES, COSTS, EXPENSES, INCLUDING ATTORNEYS' FEES AND EXPENSES, OBLIGATIONS, LIABILITIES, DEFICIENCIES, OR DAMAGES OF EVERY KIND AND NATURE WHATSOEVER, KNOWN OR UNKNOWN, NOW EXISTING OR THAT MAY ARISE IN THE FUTURE, WHICH ARISE OUT OF OR ARE ATTRIBUTABLE TO OR IN ANY WAY BASED UPON OR RELATED TO MY TAKING PART IN A MISSION TRIP WITH ELEVATING CHRISTIAN MINISTRIES. I UNDERSTAND THAT TRAVEL, PARTICULARLY FOR MISSION PURPOSES, MAY INVOLVE SIGNIFICANT RISKS AND THAT TRAVEL TO SOME AREAS OF THE WORLD INVOLVES GREATER HEALTH AND SAFETY RISKS THAN GENERAL INTERNATIONAL TRAVEL.

MY SIGNATURE ON THIS RELEASE, AND MY PARTICIPATION IN ANY SUCH ACTIVITY ASSOCIATED WITH THE MISSION TRIP INDICATES THAT I HAVE TO MY FULL SATISFACTION OBTAINED ALL INFORMATION NECESSARY FOR ME TO ASSESS THE RISK AND TO WILLINGLY PARTICIPATE. FURTHERMORE, I GIVE ELEVATING CHRISTIAN MINISTRIES AND ITS REPRESENTATIVE'S AUTHORITY TO REQUEST AND AUTHORIZE MEDICAL AND/OR HOSPITAL TREATMENT FOR THE BENEFIT OF ME IN THE EVENT OF ANY INJURY OR SICKNESS SUSTAINED BY ME WHILE ON ANY SUCH MISSION TRIP OR DURING ANY ACTIVITY ON OR RELATED TO SUCH MISSION TRIP, INCLUDING, WITHOUT LIMITATION, WHILE TRAVELING TO AND FROM ANY FOREIGN COUNTRY. IN CASE OF AN INCIDENT, I AGREE TO PAY FOR ALL SUCH TREATMENT AND TO REIMBURSE ELEVATING CHRISTIAN MINISTRIES FOR ALL COSTS AND EXPENSES INCURRED BY IT WITH RESPECT TO SUCH TREATMENT. IN THE EVENT OF SUCH AN EMERGENCY, I UNDERSTAND THAT ELEVATING CHRISTIAN MINISTRIES WILL NOTIFY THE NAMED EMERGENCY CONTACT FROM MY MISSION TRIP APPLICATION AS SOON AS REASONABLY POSSIBLE.

PARTICIPANT NAME: (OVER 18) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARTICIPANT NAME (UNDER 18): \_\_\_\_\_

GUARDIAN NAME: \_\_\_\_\_

GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_