



Daniell Baptist Association

Partnering with churches to reach communities for Christ

Mission Trip Participants Release and Waiver of Liability Form for Short Term

I, the undersigned, will be participating in a short term mission trip to **FAYETTEVILLE, WEST VIRGINIA** (hereafter the "mission trip") on **APRIL 17-21, 2017**.

I recognize that there are risks involved in participating in the mission trip and hereby assume all risk of injury, harm, damage, or death in connection with my participation in it. I understand and agree that neither **DANIELL BAPTIST ASSOCIATION** nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this mission trip and hereby release **DANIELL BAPTIST ASSOCIATION** its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the mission trip. To the fullest extent permitted by law, I agree to save and hold harmless **DANIELL BAPTIST ASSOCIATION** its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the mission trip.

I authorize **DANIELL BAPTIST ASSOCIATION** through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in the mission trip.

I understand and acknowledge that **DANIELL BAPTIST ASSOCIATION** does not provide health or medical insurance in connection with the mission trip and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the mission trip.

Executed this ____ day of _____, 20__.

Signature _____

Printed Name _____

Signature of parent (if under age 18) _____

Witness: _____

Witness: _____

(07.01.08)

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This material is for information only and is not intended to provide legal or professional advice. You are encouraged to consult with your own attorney or other expert consultants for a professional opinion specific to your situation.

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