

\_\_\_\_\_  
(Church/Ministry Name)

## PARTICIPANT LIABILITY RELEASE FORM

Please read before signing, as this constitutes the agreement of a volunteer or participant, and the understanding of your working relationship as a volunteer or participant in a

\_\_\_\_\_ and Affiliates short-term missions trip.  
(Church/Ministry Name)

I, \_\_\_\_\_, acknowledge and state the following:  
(please print)

I have chosen to participate in a \_\_\_\_\_ and Affiliates  
(Church/Ministry Name)

short term missions trip and to be involved in outreach to others by seeking to meet their physical, emotional, and spiritual needs.

I have read, understood, and agreed to the terms, qualifications, and potential conditions and situations set forth by the **Terms and Qualifications** form. I also understand that this is by no means a complete or exhaustive list of situations, conditions, or dangers I may encounter.

I understand that this short-term missions trip entails a risk of physical injury, including; death, emotional injury, disease or sickness, kidnapping or detainment, crime, and may involve extreme climates, difficult travel, adverse working conditions, hard physical labor and exposure to potentially dangerous situations and areas of the world. I certify that I am in good health, and physically and mentally, able to perform this type of work. I understand that I am voluntarily engaging in this short-term missions trip at my own risk. I assume all risk and responsibility for any damage, injury, or loss to my person, or to my property, or any sickness, crimes, emotional trauma, or personal injury, including death, which I may sustain while involved in this missions trip, or as a result of this missions trip, as well as any related medical costs, travel, and expenses or compensation.

Staff will arrange my accommodations but I understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature (and spouse or parent/guardian), for myself, my estate and my heirs, I release, discharge, and

forever hold \_\_\_\_\_ and Affiliates together with their officers,  
(Church/Ministry Name)

board members, agents, servants and employees, successors, and assigns, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith.

Please complete one form for each traveling member of the family.

\_\_\_\_\_  
(Print Name of Volunteer/Participant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Volunteer/Participant)

\_\_\_\_\_  
(Print Name of Spouse, Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Spouse, Parent/Guardian)