

# Rancho Bernardo Community Presbyterian Church

17010 Pomerado Road, San Diego, CA 92128 ~ 858.487.0811

## MISSION TRIP RISK ACKNOWLEDGEMENT AND RELEASE

### Participant Information

Name \_\_\_\_\_

Gender M/F \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Number \_\_\_\_\_

List any Current Allergies, Illnesses, Physical Conditions or Medications \_\_\_\_\_

Name of Insurance \_\_\_\_\_ Primary Insured \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

### Participant Agreement

#### **Minor Child (Under 18 Years of Age)**

I/We grant permission for my/our child to participate in the mission trip conducted by Rancho Bernardo Community Presbyterian Church (Church). I/We represent and warrant that I/we are the parent(s) or legal guardian(s) of the minor student named above and maintain the authority to sign this document. I/We agree to the terms below on behalf of my/our child. I/We understand that although my/our child who is a minor will be supervised by Church staff and volunteers, I/we do assume the risk of my/our child's participation in the mission trip.

#### **All Participants**

I/We acknowledge that I/we release and will not seek to have Rancho Bernardo Community Presbyterian Church and its agents, employees, volunteers, or any other representatives (collectively included hereinafter in the term "Church") held liable in the event that any accident, injury, illness, loss of property or any other circumstance or incident occurs during or as a result of my own/my/our child's participation in the mission trip. This release of liability includes accident, injury, loss, illness or damages to me/my/our child, as well as to other individuals or property which may result from the participation in the mission trip. I/we hereby release and agree to hold harmless the Church, its agents and employees, representatives and volunteers from any claims arising out of my/my/our child's participation in the trip.

I/we promise to indemnify, defend, and hold harmless for any liability created or caused by me/my/our child during the mission trip. Additionally, I/we agree to reimburse any expenses which the Church deems appropriate in its sole discretion to incur on behalf of myself/my/our child in connection with any emergency care or assistance.

#### **Photo Release Consent and Authorization**

I/We understand that I/my/our child may be photographed and/or videotaped during my/his/her participation in events, activities, trips, excursions and programs conducted by the Church and consent to and authorize such photographs and/or videos to be used

by the Church for ministry related presentations, publications and/or websites. I/We understand that my/my child's name will not be used and/or published in any way, and that no compensation will be given for the use of such photographs and/or videos.

**Medical/Dental Treatment Consent and Authorization**

I/We consent to any representative of the Church to authorize medical or dental treatment, including surgery or hospitalization, for me/my/our child for any injury or illness of an emergency nature, including necessary transportation to receive such treatment. Authorization is given in advance of any such medical or dental treatment as deemed advisable. A photocopy of this document shall have the same force and effect as the original. I/We hereby agree to pay any and all reasonable charges incurred as a result of any medical or dental treatment and to hold the Church and its representatives and officials harmless therefrom.

**Code of Conduct Consent and Authorization**

I/We agree to abide/instruct my/our child to abide by all statements in the Code of Conduct. I/We agree that if I/my/our child fail(s) to abide by the Code of Conduct, that I/my/our child may be dismissed from the activity/event and sent home at my/our expense for transportation or other fees with no right of reimbursement or refund for any amount.

**Release of Liability and Agreement to Binding Arbitration**

I/We acknowledge that participation in mission trips of the Church involves risk to me/my/our child, and his/her parent(s)/guardian(s), and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration for the opportunity to participate in the mission trip, I/we acknowledge and accept the risks of injury associated with participation. I/We release the church of all liability for injury arising out of participation in the events. I/We accept personal financial responsibility for any injury sustained during participation. If a dispute over this agreement or any claim for damages arises, I/we agree to resolve the matter through binding arbitration with the American Arbitration Association.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If Minor, Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*If Minor, Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_