



Grace Evangelical Church
9750 Wolf River Blvd. ~ Germantown, TN 38139

Release of Liability and Medical Release Form

In consideration for being allowed to participate in activities sponsored by Grace Evan Church, I hereby release discharge, indemnify and agree to hold harmless Grace Evan Church, its Elders, Staff, or other agents for any and all liability for personal injury, loss, illness, damage or accident that I might encounter in association with their ministry including but not limited to mission trips sponsored or facilitated by Grace Evan Church. I further agree to indemnify and hold harmless Grace Evan Church, its Elders, Staff, or other agents from any claim and/or damages it, or its agents are required to pay as a result of any injury or damage including reasonable attorney fees, litigation expenses and court fees. I am volunteering to participate with Grace Evan Church freely and without undue influence. I further acknowledge and understand that my participation with Grace Evan Church, including traveling on a mission trip whether internationally and/or domestically, includes risks and possible dangers. I am well aware that my participation also exposes me to such risks as accidents, disease, war, terrorist attacks, political unrest, kidnapping, injury and other calamities. Further I agree to hold blameless Grace Evan Church, its Elders, Staff, or other agents for any delay, cancellation or irregularity in schedules or travel plans.

I assume any such risks that might result in my participation with Grace Evan Church, including travel on mission trips, and I unconditionally agree to hold Grace Evan Church, its Elders, Staff, or other agents blameless for any liability concerning my personal health and well-being, or any liability for my personal property that might be lost, damaged, or stolen, whether such property is traveling with me or remaining, while I am participating with Grace Evan Church, including, but not limited to, traveling domestically and/or internationally.

In case of medical emergency Grace Evan Church or its agents are authorized to take such measures and arrange for such medical and / or hospital treatment as deemed advisable for my health and well-being. I accept all financial responsibilities concerning any medical emergencies. I release Grace Evan Church, its Elders, Staff, or other agents from claim or liability due to sickness or injury.

By signing this form I also acknowledge that Grace Evan has advised me to see my doctor and get all necessary vaccinations and medications for diseases for which I am at risk during this trip as listed by the Centers for Disease Control and Prevention at www.cdc.gov. I am also aware that in order to have the most benefit, it may have been necessary to get certain vaccinations weeks or months in advance. I understand that it is my responsibility to share my travel plans with any doctors I am currently seeing for other medical reasons.

Participant's Signature: _____ Date: _____

RESPECT OF CULTURAL DIFFERENCES (ALL participants must sign below)

While on a mission trip, I will be embarking on a cross-cultural experience and all cultures offer different challenges. In respect to the nationals, missionaries, my church and other team members, I agree to abide by the instructions of the national ministry and my team leader in regards to my dress and personal behavior while participating with Grace Evangelical Church. The demands on us for godly, responsible servant-hood, if anything, are higher as we seek to represent Christ in an unfamiliar environment. Thus, I may be called to sacrifice any or all of what I consider allowable as I labor in this new culture. I will refrain from any behavior that does not bring glory to Him to whose service we are called. If, in the opinion of my team leader, my behavior is considered sufficiently disruptive or negatively impacts on the mission of our team, I could be asked to return home early at my personal expense.

Participant's Signature: _____ Date: _____

Please complete entire form, neatly and legibly.

Printed Full Legal Name: _____

Name On Passport If Different: _____

Address: _____

City, State and Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Passport #: _____ Expires: _____ Place Issued: _____
(Month/Date/Year)

Signature _____ Date Signed: _____ Date of Birth: _____
(Month/Date/Year) (Month/Date/Year)

E-Mail: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone #: _____

Beneficiary of International Travel Insurance: _____

Relationship: _____

Travel Insurance covers the participant domestically and/or internationally, with Grace Evan Church from the dates of _____, 2017 until _____, 2017 and traveling to _____ City & Country

If participant is under the age of 18 years of age on the date of an event or departure date for a mission trip, PARENTAL SIGNATURE IS REQUIRED.

(For travel, a copy of this form should be kept with participant's airline tickets and/or passport)
I have carefully read the foregoing Release of Liability and I understand that my signature hereon holds harmless Grace Evan Church, its Elders, Staff, or other agents for any liability for injury, damage, loss, accident, or delay, cancellation or irregularity in schedule concerning my child's participation with Grace Evan Church, including travel whether domestically and/or internationally. By signing I agree with, accept and acknowledge each statement above. In case of emergency Grace Evan Church or its agents are authorized to take such measures and arrange for such medical and hospital treatment as may be deemed advisable for the health and well being of my child. I accept all financial responsibilities concerning any medical emergency. I accept responsibility to have my child picked up immediately in the event of illness, accident or disciplinary reasons. Further I grant permission and acknowledge my minor child's participation, including traveling domestically and/or internationally, with Grace Evan Church from the dates of:

_____, 2017 until _____, 2017

and traveling to: _____ (City & Country) .

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____