

# RELEASE OF LIABILITY

## INTRODUCTION

THIS IS A RELEASE OF LIABILITY. BY SIGNING BELOW, I AM AGREEING TO RELEASE JOURNEY CHURCH AND ONE MISSION, AND OTHER PARTIES FROM LIABILITY. I HAVE THEREFORE BEEN ADVISED TO READ THIS DOCUMENT CAREFULLY AND UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING.

**It is my understanding that participation in this short-term mission trip (trip) sponsored by Journey Church and One Mission to Puerto Penasco (Rocky Point), Mexico (destination) is a privilege.** In consideration for the privilege of participating in this trip, I am signing this Release of Liability (Release). I acknowledge that my participation in this trip may involve certain risks of physical injury, illness, or death, including risks of which I may not presently be aware, and I hereby agree to assume such risks.

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Please indicate your age:  Under 18  Over 18)

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sex:  M  F Do you have a passport?  Yes  No If yes, passport I.D. number: \_\_\_\_\_

Please list all relatives that are on this trip (name and relationship): \_\_\_\_\_  
\_\_\_\_\_

## IN CASE OF AN EMERGENCY...

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## MEDICAL INSURANCE

Insurance Company Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## MEDICAL INFORMATION

Are you currently under the care of a physician for a medical problem?

Yes  No If yes, please explain... \_\_\_\_\_

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Are you currently taking medication prescribed by a physician?

Yes  No If yes, list each medication and provide instructions (dose) for each medication... \_\_\_\_\_

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If you are filling this form out for a minor, please list any **over-the-counter medications** you do not wish dispensed to your child for treatment of minor ailments or injuries. \_\_\_\_\_

Do you have any allergies (e.g. food, bee stings, medications)?

Yes  No If yes, please explain... \_\_\_\_\_

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Date of last Tetanus? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Is there any other information about your medical history that an attending physician needs to be aware of?

Yes  No If yes, please explain... \_\_\_\_\_

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## PARTICIPANT'S ACKNOWLEDGEMENT

I understand that all participants are expected to abide by the Journey Church and One Mission rules and be directly responsible to the Journey Church and One Mission leaders.

I agree in substance to the cultural and dress guidelines as presented and will conduct myself within the goals and vision of Journey Church and One Mission. I will obtain **prior approval** for outreach materials and programs (regarding doctrine, content and methods) **before** leaving for the mission field. I agree to work as a team member under the leadership of the Team Leader to further the goals of Journey Church and One Mission while volunteering in Mexico. I know I am responsible for my own expenses and agree to restrict my use of alcohol, tobacco and drugs. I accept responsibility for my own actions and pledge to conduct myself as a guest in another culture. I will read in its entirety the "Code of Conduct" below. I pledge to prepare myself for this trip with prayer and to solicit prayer support from others.

## CODE OF CONDUCT

In order to make each mission trip a positive experience, One Mission asks that each participant agree to abide by the following guidelines: Any participant leaving the base camp at any time needs to let a One Mission staff member know. Minors are not permitted at any time to leave the base camp or worksites without an adult. The drinking of alcohol, the use of tobacco, and the use of illegal substances will not be tolerated at any time. Firearms & weapons are illegal in Mexico. Fireworks are not permitted at the Base Camp or at the work sites. Power tools, or any tool not listed in the house build manual is prohibited. The focus of your mission trip is to serve. One Mission encourages you to build relationships with your peers; however, flirtation and inappropriate relationships or behavior will not be tolerated. Please respect the lights out policy of the Base Camp; 10pm. As there will be a number of people residing at the Base Camp at one time, please treat the facilities with care and with the appropriate awareness of others' privacy.

## **TERMS OF RELEASE**

I have volunteered to participate with **Journey Church and One Mission (“Released Parties”)** on their **short-term mission trip to Rocky Point, Mexico**, and I have recognized that participation on a trip of this nature may be hazardous or dangerous. I am confident that every measure will be taken to protect the safety of all participants.

### ***Liability Release***

I hereby agree to release and hold harmless Journey Church, members of its Board of Directors and its officers, employees, members, volunteers, agents and One Mission, members of its Board of Directors, and its officers, employees, members, volunteers, and agents (collectively, the Released Parties), and to discharge and waive any and all claims, demands, losses, damages, and liabilities with respect to any and all property damage, personal injury, and/or death arising from my participation in this trip. The foregoing sentence shall apply (without limitation) to all claims, demands, losses, damages, and liabilities described therein, whether known or unknown, foreseen or unforeseen, future or contingent, except claims, demands, losses, damages, and liabilities arising out of the sole and exclusive gross negligence or willful misconduct of one or more of the Released Parties. I further covenant not to sue any of the Released Parties in connection with any of the claims, demands, losses, damages, or liabilities described above. I further agree to indemnify, save, and hold harmless the Released Parties from any and all claims, demands, losses, damages, and liabilities for indemnities, contribution or otherwise, with respect to any and all property damage, personal injury, and/or death arising from my participation in this trip, as may be asserted by a third party (defined as any party other than the Released Parties or me), except to the extent such a claim might be based upon the sole and exclusive gross negligence or willful misconduct of one or more of the Released Parties.

### ***Medical Release***

I hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of my participation. I hereby certify that the medical conditions stated on this release are complete and correct. *I am aware and understand that Journey Church and One Mission do not carry medical insurance for participants.* I hereby grant permission to Journey Church and/or One Mission personnel to administer first aid and to arrange for medical care and treatment in case of a medical emergency. In the event my emergency contact cannot be reached by phone, I authorize Journey Church and/or One Mission to give consent to a physician and/or hospital for emergency medical or surgical treatment while attending this short-term mission trip. I grant permission to the physician selected by Journey Church and/or One Mission personnel to examine, diagnose, and treat or secure proper treatment for me, as the physician shall determine what is proper and necessary under the circumstances. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment certifying that I am covered by adequate medical or accident insurance.

### ***Media Release***

In consideration of my participation on this Mission Trip, I hereby irrevocably consent to and authorize the use, publication, transmission and reproduction of my name, likeness and image, on any and all media worldwide, by Journey Church and/or One Mission, or anyone authorized by or acting on behalf of Journey Church and/or One Mission, for promotions, fundraising, advertising, marketing and/or public relation purposes.

### ***Indemnification***

I expressly waive any defense to the enforcement of any provision of this Release arising from a claim of lack of consideration. In the event that any provision of this Release is determined to be invalid or unenforceable, the remainder of the provisions shall remain in full force and effect as if this Release had been executed with the invalid provision eliminated. I understand and agree that this Release is intended to be as broad and inclusive as permitted under applicable law. The undertakings and covenants of this Release shall be binding upon me, my family, my heirs, next of kin, legal representatives, beneficiaries, successors, and assigns. This Release shall be interpreted in accordance with the laws of the State of Arizona. The terms of this Release are contractually binding and are not a mere recital. This Release shall be effective and binding upon me.

I have read this Release and understand its terms. I further represent that I am at least eighteen (18) years of age and am not a minor in my State of residence or, if I am a minor in such State, that my parent or my legal guardian have signed this form in the "Consent" section below, acknowledging this Release and accepting its terms on my behalf. A photocopy of this Release shall be as valid and may be accepted as the original.

Participant's Signature: \_\_\_\_\_

Participant's Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENTAL/GUARDIAN CONSENT AND ACCEPTANCE OF RELEASE ON BEHALF OF ABOVE MINOR PARTICIPANT**

Parent/Guardian's Signature: \_\_\_\_\_

Parent/Guardian's Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

State of Arizona )

County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

(seal)

\_\_\_\_\_  
Notary Public

\*\*\*Return this form to: Journey Church, Attn: Joy Herring  
9059 W. Lake Pleasant Parkway, Suite 401, Peoria, Arizona 85382