

Illustration I

SHORT-TERM MISSION TRIP AGREEMENT

Trip Information

(To be completed by the trip sponsor)

Location of mission trip: _____

Dates: _____

Sponsoring church (trip sponsor): _____

Participant Information

Participant's name: _____

Address: _____

Person to contact in case of emergency: _____

Phone: _____

List all current:

Allergies: _____

Illnesses: _____

Physical problems: _____

Medications: _____

Name of health insurance company covering participant: _____

Insurance company address: _____

To attend the mission trip, the reverse side of this form must be read and signed.

ACKNOWLEDGMENT OF RISK RELEASE AND WAIVER FORM

If the participant is a **minor**, his/her guardian agrees to the following:

- I agree to waive any and all rights and claims for damages that I or my spouse may have against the trip sponsor and its agents, employees and representatives for any and all injury, damage or loss sustained by the participant arising directly out of the mission trip;
- I further agree that, in the event that I, my spouse, the participant or another child in my care should make any claim against the trip sponsor for damage, injury or loss arising directly or indirectly out of the mission trip, I will personally indemnify, defend and hold harmless the trip sponsor and its agents, employees and representatives against any and all such injury, damage or loss; and
- I authorize the trip sponsor or representative to obtain any medical treatment for the participant that should appear to be necessary during the mission trip, and I will be responsible for the payment of expenses related to such illness or injury.

I affirm that I have the right to authorize and agree to the foregoing. I have carefully read and understand this agreement, and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Signature of Parent/Guardian

Date

Note: The mission trip, trip sponsor and participant referred to in this agreement are shown on the reverse side of this form.

If the participant is an **adult**, participant agrees to the following:

- I agree to waive any and all right and claims for damages that I or my spouse may have against the trip sponsor and its agents, employees and representatives for any and all injury, damage or loss sustained by the participant arising directly or indirectly out of the mission trip;
- I further agree that, in the event that I should make any claim against the trip sponsor for damage, injury or loss arising directly or indirectly out of the mission trip, I will personally indemnify, defend and hold harmless the trip sponsor and its agents, employees and representatives against any and all such injury, damage or loss.

I affirm that I have the right to authorize and agree to the foregoing. I have carefully read and understand this agreement, and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Signature of Adult Participant

Date

Note: The mission trip, trip sponsor and participant referred to in this agreement are shown on the reverse side of this form.

This form provided by Brotherhood Mutual Insurance Company.