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## ADULT MISSION TRIP WAIVER & LIABILITY RELEASE FORM

I, \_\_\_\_\_, (Print full Name) will be participating in a short-term mission trip to \_\_\_\_\_ (hereafter the "mission trip") on or about \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_.

I recognize that there is risk involved in participating in the mission trip and hereby assume all risk of injury, harm, and damage, or death, to include terrorism, kidnapping, ransom, and extortion in connection with my participation in the mission trip. I understand and agree that neither North Coast Calvary Chapel nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any legal and monetary expenses, personal or public property loss or damage, injury, harm, or death, to include terrorism, kidnapping, ransom, and extortion that may occur to me as a result of my participation in this mission trip and hereby release North Coast Calvary Chapel, its trustees, officers, directors, employees, agents and representatives from any legal and monetary expenses, personal or public property loss or damage, loss, injury, harm, or death, to include terrorism, kidnapping, ransom, and extortion which may occur while I am participating in the mission trip. To the fullest extent permitted by law, I agree to save and hold harmless North Coast Calvary Chapel, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the mission trip.

{I understand and acknowledge that North Coast Calvary Chapel does not provide health or medical insurance in connection with the mission trip and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the mission trip.

I authorize North Coast Calvary Chapel through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in the mission trip.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_