

# Short-Term Mission Trip Risk Acknowledgement and Release Form



## Trip Information

Give and Teach, Inc.

Location of mission trip: Guatemala      Dates:

Nature of mission trip: Educational, Spiritual and Construction

Name of trip sponsor's coordinator: Mike & Carol Claypool    Telephone: 803-493-2683

E-mail: [giveandteach@gmail.com](mailto:giveandteach@gmail.com)

## Participant Information (To be completed by participant or an authorized guardian)

Name of participant: \_\_\_\_\_

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

Name of emergency contact: \_\_\_\_\_

Daytime telephone: Evening telephone: \_\_\_\_\_

List any current allergies, illnesses, physical conditions, or medications: \_\_\_\_\_

Is sponsor authorized to approve medical treatment?      Yes      No

Is participant covered by personal/family medical insurance?    Yes      No

If yes, name of insurer:

Policy or group number:

Give and Teach does **NOT** provide any medical insurance. If you are not covered internationally by your health insurance we require that you purchase some for your trip from a source such as Faith Ventures.

([www.faithventures.com](http://www.faithventures.com))

## Participant Agreement

### (To be completed by participant or by parents or guardians if Participant is a minor)

I acknowledge that participation in the above trip involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), 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 above trip, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in the trip. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the trip. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the Trip Sponsor and its agents, employees, volunteers, or any other representatives (collectively included hereinafter in the term "Trip Sponsor") for any injury related directly or indirectly out of the above trip, whether such injury arises out of the negligence of the Trip Sponsor or otherwise. If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Trip Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

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

Participant or parent/guardian if participant is a minor

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

Parent/guardian if participant is a minor