

LIABILITY AGREEMENT (PAGE 1 OF 2)



LIABILITY RELEASE FORM FOR GROUP MISSIONS TRIP PARTICIPANT

I, _____, as a participant of the mission trip with _____
(Print Name) (Your team, ministry, or organization)
and El Centro Ministries from the dates of _____ to _____, do hereby
(MM/DD/YYYY) (MM/DD/YYYY)

agree that El Centro Ministries and all affiliated persons, including pastors, directors, administrators, staff, coordinators, facilitators, volunteers, members, missionaries, ministry partners, and any and all other persons connected in any way will not be held liable for any personal injuries, sickness, death, or damage to property that may result in any and all activities within the duration of the aforementioned trip. I realize and acknowledge that my participation on this missions trip overseas to Guatemala includes many risks and possible dangers. I acknowledge that by participating, I am subjecting myself to certain risks voluntarily, including, but not limited to, things such as accidents, disease, pests, war, political unrest, poor sanitation, health hazards due to contaminated food or water, and potential personal injury from construction projects and other calamities. I hereby assume all risk of personal injury, sickness, or death, and damage to or loss of my personal property, any delay, change or cancellation of travel arrangements, and any and all other damage or expenses I may suffer as a result of participation in this trip or in activities related to it.

Should I become ill or injured or suffer other damage, I grant permission for El Centro Ministries staff and team leaders to take me or my child to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or other medical treatment, and I will assume the responsibility of all medical bills, if any. I agree to pay all costs of any medical treatment rendered to me by anyone for any injury or other medical situation during, or resulting from my participation.

I give my consent to authorize El Centro Ministries to arrange transportation, food and housing for me and my team. If for any reason I must leave prematurely from the missions facility and return home (whether medical, disciplinary action, etc.), I understand that it is my responsibility to pay for all transportation costs.

I acknowledge that El Centro Ministries reserves the right to photograph and record video of me and my group and to use any material in its promotional media.

The U.S. State Department and the U.S. Embassy of the area of your destination reserve the right to release information regarding my location, welfare, intentions, or problems to my family members, El Centro Ministries personnel and Congressional representatives.

I acknowledge that I am in good health and have received or will receive all vaccinations recommended by my county or state health department for travel in Guatemala and other countries/areas visited while on this trip within the proper time prior to my departure from the U.S.

I have carefully read everything mentioned above, and I agree that these promises, agreements, assumptions of risk and releases bind me, my family, all minors with me or on whose behalf I sign, and my heirs or legal representatives and assigns. By signing below, I represent that I am at least eighteen (18) years of age or older, or my parent/guardian will sign also, accepting the above conditions on my behalf.

Signature of Participant: _____ Date: ____/____/____

Signature of Parent/Guardian: _____ Date: ____/____/____
(if participant is under 18)

Signature of Trip Leader: _____ Date: ____/____/____

LIABILITY AGREEMENT (PAGE 2 OF 2)



THIS FORM MUST BE NOTARIZED!

STATE OF: _____ COUNTY OF: _____

On this day ____ / ____ / ____, before me, a Notary Public in and for said state, _____ personally appeared known to me to be the person who executed the within the agreement and acknowledged to me that he/she executed the same for the purposed therein stated.

Notary Public: _____

My commitment expires: _____