



MEDICAL RELEASE FORM

(Release of Liability and Permission Regarding Medical Care)

INTRODUCTION »

THIS IS A RELEASE OF LIABILITY AND AN AUTHORIZATION REGARDING MEDICAL CARE. BY SIGNING BELOW, I AM AGREEING TO RELEASE THE CHRISTIAN AND MISSIONARY ALLIANCE (C&MA) AND OTHER PARTIES FROM LIABILITY. I AM ALSO GRANTING PERMISSION TO THE C&MA TO SEEK AND OBTAIN MEDICAL CARE IN THE EVENT OF MY ILLNESS OR INJURY. 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 trip sponsored by (church or entity name)

of The Christian and Missionary Alliance to (destination) _____

_____ *is a privilege. In consideration for the privilege of participating in this trip, I am signing this Release of Liability and Permission Regarding Medical Care form (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.*

RELEASE AND INDEMNIFICATION »

I hereby agree to release and hold harmless the C&MA, members of its Board of Directors and its officers, employees, members, volunteers, agents and sponsoring church, members of its Board of Directors, and its officers, employees, members, volunteers, and agents (collectively, the Released Parties), from, 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.

AUTHORIZATION OF MEDICAL CARE »

I attest and certify that I have no known medical conditions that would prevent me from participating. I understand and acknowledge that the C&MA, together with the sponsoring church, provides foreign trip insurance coverage as a part of the cost of the trip. I understand and acknowledge that the provided coverage is not intended to take the place of a personal or group health insurance plan and may not specifically apply in every event of my illness, injury, death, or damage to my property that may occur during participation on this trip. I hereby certify that I am/am not (circle one) covered by a personal or group insurance plan, the policy name and number of which I have listed on the Medical Insurance Information Form, if applicable, for hospitalization and medical expenses beyond that provided by the foreign trip insurance coverage noted above.

(OVER)



(CONT.)

In case I am in need of any necessary medical or surgical treatment to protect my health and welfare while participating in this trip, I authorize and agree to allow any authorized agent or employee of the C&MA to consent to and authorize the administering of such necessary medical and/or surgical treatment. I acknowledge and agree that the release of liability, hold harmless, and indemnification provisions set forth in Section 2 above shall apply to any authorization and consent to medical or surgical treatment on my behalf made by the C&MA or its authorized agents or employees. If I am a minor, I understand that efforts will be made to contact my parent/guardian before these actions are taken.

MEDIATION/ARBITRATION »

C&MA and I agree that should a claim or dispute arise from my participation in this trip, it shall be settled by biblically based mediation and, if necessary, legally binding arbitration under a Christian mediation or reconciliation process in accordance with the Rules of Procedure promulgated by Peacemakers Ministries, Inc. of Billings, Montana, United States of America, or its successor. The venue for such mediation or conciliation process shall be Colorado Springs, Colorado, or such other location agreed upon by both parties. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction.

MISCELLANEOUS »

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 Colorado. 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 both of my parents or my legal guardian have signed this form in the "Consent" section below, acknowledging this Release and accepting its terms on my behalf.

Participant's Signature: _____

Participant's Printed Name: _____

Date: _____

LEGAL GUARDIAN CONSENT AND ACCEPTANCE OF RELEASE ON BEHALF OF ABOVE MINOR PARTICIPANT

Parent's/Legal Guardian's Signature: _____

Parent's/Legal Guardian's Printed Name: _____

Date: _____

Minor Participant's Birth Date: _____

PLEASE RETURN COMPLETE AND NOTARIZED FORM TO:
» ENVISION Trips Office, c/o The Christian and Missionary Alliance, P.O. Box 35000, Colorado Springs, CO 80935-3500 OR fax 719-599-5898

NOTARY SEAL