

TRIP PARTICIPANT WAIVER AND RELEASE

As a volunteer for a Trinity Mission Ministry Activities, I understand, acknowledge, and agree to the following:

1. Participation may include travel to and work in areas of the world characterized by hazardous conditions, possibly including risks such as land mines and unexploded ordnances, sniper fire, unstable governance and security, damaged buildings, exposed electrical wiring, contaminated food and water, disease, and poor medical care. Furthermore, in light of recent acts of terrorism in the United States, the State Department has issued a public announcement, dated September 12, 2001, entitled, "Worldwide Caution," in which U.S. citizens are urged to maintain a "high level of vigilance and to increase their security awareness" while traveling abroad. The public announcement further warns that U.S. citizens may be targets of terrorist acts.
2. My life and medical insurance coverage may have exclusions for death, illness, or injury occurring in high war-risk or international destinations. I acknowledge that I am responsible for and have been advised to acquire appropriate travel or war-risk life and health insurance for the duration of the project activity and that I am responsible for my own medical and life insurance coverage.
3. I understand and hereby fully assume all risks and liabilities which may result from my participation as a volunteer. I release and forever discharge and hold harmless Trinity United Presbyterian Church, it's employees, representatives, and agents from any and all actions, claims, and liabilities arising out of injury to or damage sustained by me. Further, in the event of injury to me, I hereby consent to and authorize medical treatment and tests considered advisable or necessary in the judgment of any qualified medical personnel.

Signature: _____ Date: _____

MEDICAL RELEASE

I hereby agree to release Trinity United Presbyterian Church from responsibility and liability for any injury or illness that may occur during my volunteer service, including medical and hospitalization costs.

Signed:
Applicant: _____ Date: _____

***Parent or Legal Guardian: _____ Date: _____
(***if applicant is 21 years or younger***)