

Greene County Baptist Association sponsored mission trip to Guadalajara, Mexico

ACKNOWLEDGEMENT OF RISK RELEASE & WAIVER FORM

PARTICIPANT AGREES TO THE FOLLOWING:

I agree to waive any and all rights and claims for damages that my spouse, children or I may have against the trip sponsor and its agents, employees, and representatives for any and all injury, damage, or loss sustained by the participant arising directly or indirectly out of the mission trip.

I further agree that, in the event that I should make any claim against the trip sponsor for damage, injury, or loss arising directly or indirectly out of the mission trip, I will personally indemnify, defend, and hold harmless the trip sponsor and its agents, employees, and representatives against any and all such injury, damage, or loss.

I affirm that I have the right to authorize and agree to the foregoing. I have carefully read and understand this agreement, and have willingly placed my signature below as evidence of all the conditions contained herein.

Name _____

Signature of participant: _____ Date: _____

Signature of minor participant's parents _____ Date: _____

ACKNOWLEDGEMENT OF RECEIPT OF GROUP INSURANCE INFORMATION

I understand that the Greene County Baptist Association has a Blanket Tour Accident/Sickness Insurance policy in place that will provide limited coverage for me while on the mission trip to Mexico.

I acknowledge receipt of a copy of the brochure outlining coverage benefits, limitations, and exceptions. I understand that the coverage outlined in this brochure is the only coverage provided for me by the Greene County Baptist Association and that I need to have my own major medical insurance to cover me in the event of an accident or illness during the mission trip.

I understand that in the event of an accident or illness while on the mission trip I will be responsible to pay immediately, in full, for any medical attention or treatment provided to me. And that it will be my responsibility to see that I receive an itemized statement in English and American dollars at the time in order to be reimbursed by my insurance carriers.

Name _____

Signature of participant: _____ Date: _____

Signature of minor participant's parents _____ Date: _____