

FELLOWSHIP *City* CHURCH

LIABILITY ACKNOWLEDGEMENT PARENTAL CONSENT

I, _____, as a Team Member on a short-term mission trip sponsored by Fellowship City Church (FCC) to _____, represent that:

1. I am aware of the potential hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, injury or death by accident or intent, disease, COVID, war, terrorist acts, weather conditions, inadequate medical services and supplies, and criminal activity and acts. I choose to go on this trip with full awareness of these risks and I will rely upon my personal insurance coverage for anything the travel insurance does not cover. I accept these risks, recognizing that FCC would not be able to offer the opportunity for missions service without a release such as this. With respect to FCC and its agents, officers, volunteers, directors, and employees, voluntarily assume all risks of death, injury, illness, or loss associated with such risks, and any damage to my personal property, and I release FCC and its staff, pastors, agents, officers, directors, and employees from any liability that I may suffer or claims I may have as a result of participation in the missions project even if resulting from the negligence of FCC, its agents, officers, volunteers, directors, and employees. I further recognize that such risks have always been associated with missionary service (2 Corinthians 11:23-28).
2. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
3. I give permission to be photographed and/or recorded with video and/or sound for promoting FCC and its activities, and/or for creating an audio or video product of the trip for sale.
4. I understand that travel insurance may or may not be provided for the trip in which I am participating, and it is my responsibility to determine if travel insurance is provided.
5. I expressly agree that this Liability Acknowledgement is intended to be as broad and as inclusive as permitted by law. I further state that I have carefully read the foregoing and understand its contents, and I voluntarily sign this Liability Acknowledgement as my own free act. I also understand that this is a legal document and I have the right to consult with an attorney before signing it.
6. In the event that it should become necessary, whether in an emergency or otherwise, I authorize FCC and its agents to make medical decisions on my behalf, or on my child's behalf, and to arrange for any and all treatment including, but not limited to: x-ray examinations, anesthesia, dental, medical, surgical, and/or treatment and/or hospital care for said participant on behalf of participant; and in such event, said participants agrees to pay for all costs, charges, fees, and expenses and travel and/or emergency expenses incurred as a result of treatment.

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The undersigned represents that the participant suffers from no disease or injury and has no other requirements for supervision, medication, or care other than those listed previously on the Individual Registration Form. I assume the full responsibility for any and all medical bills and early evacuation/transportation costs incurred related to this missions trip which our travel insurance policy does not cover.

- 7. I have read and am in full agreement with this release and waiver and policy agreement, and fully understand that I am waiving any rights I may have to litigate and sue. I accept full responsibility for visiting a doctor prior to the trip, and all medical costs.
- 8. I hereby declare that I will, or give my child permission to, travel to _____ with FCC on _____ and authorize the adults serving on behalf of FCC to act as my agents.
- 9. I realize I am legally responsible for and have read, understand, and agree to all the information previously listed on this Individual Registration Form, including A. Basic Information, B. Medical Information, and C. Medical/Liability Release.

Participant Name: _____

Participant Signature: _____

Date: _____

Parent(s) Name (if participant is under 18 years of age):

Parent(s) Signature: _____

Date: _____

Notary Name: _____

Notary Signature: _____

Date: _____

Notary Public (stamp):

