

Mission Trip Participants - Release and Waiver of Liability Form for Short/Long Term

I, the undersigned, will be participating in a short term mission trip to Guatemala and will be staying at The Forgotten People Life Center during the duration of the trip.

I recognize that there are risks involved in participating in the mission trip while staying at The Forgotten People Life Center, and hereby assume all risk of injury, harm, damage, or death in connection with my participation in it. I understand and agree that neither **The Forgotten People** nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this mission trip and hereby release **The Forgotten People**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am staying at The Forgotten People Life Center on the mission trip. To the fullest extent permitted by law, I agree to save and hold harmless **The Forgotten People**, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the mission trip.

I authorize **The Forgotten People** through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in the mission trip.

IF APPLICABLE:

{I understand and acknowledge that **The Forgotten People** does not provide health or medical insurance in connection with the mission trip and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the mission trip.}

Executed this ____ day of _____, 20__.

Signature _____

Printed Name _____

Group Name _____

Please send Waiver of Liability for each missionary by mail to our office. Mailing address is below.

The Forgotten People
2700 Canton St. Suite 302
Dallas, Tx 75226