

Vineyard Church of Sugar Land / Stafford Missions

Short-Term Missions Trip Liability Release Agreement

I, _____ (participant) acknowledge that I desire to participate in the following Vineyard Church of Sugar Land/Stafford (hereinafter sometimes "SLSV") missions trip (hereinafter the "Activity"):

_____ (trip location) to be conducted approximately on or between: _____ (date) to: _____ (date).

SLSV and the undersigned agree that my participation in the Activity poses risks including but not necessarily limited to: sickness and/or health hazards due to poor food and water, diseases, pests, and poor sanitation, personal injury, death, crime, political instability, government opposition to the Activity, and inadequate medical facilities as well as similar and dissimilar risks (herein "Risks"). My participation in any and all activities is voluntary and I agree to accept the risks of my participation, including all risk of personal injury or death.

In consideration of Vineyard Church of Sugar Land/Stafford permitting me to participate in the Activity and all its related activities and to use SLSV's facilities and equipment, on behalf of myself and my personal representatives and their successors in interest (all hereinafter referred to as "releasers"), I do hereby release Vineyard Church of Sugar Land/Stafford, its officers, directors, employees, representatives and agents (hereinafter referred to as "releasees") from any and all liability for any loss, cost, expense or damage and any claim for damages thereafter, on account of injury to my person or property or death, whether caused by the negligence or releases or otherwise, while I am participating in any way in or preparing for the Activity. I further agree to indemnify, defend and hold harmless releasees and each of them from all loss, liability, damage, expense or cost which any of the releasees may suffer or incur due to or in any way arising out of my participation therein and related activities, whether caused by the active or passive negligence of any of the releasees or otherwise.

Medical insurance [please check box(s) below that apply]:

- I understand I DO have the following medical and/or accident insurance policy(s) and I agree that I am responsible to submit and process any claims for coverage and/or reimbursement subject to the insurance company's policies and to pay any and all medical and/or dental expenses directly or indirectly related to my participation in the Activity which are not covered under the policy terms. I understand that SLSV has no responsibility for premiums, coverage or claims thereunder.

Table with 2 columns: Name of company, Policy No.

- I DO NOT have medical or accident insurance, and I agree to pay any and all medical and/or dental expenses directly or indirectly related to my participation in the Activity, including during the transportation to and from the Activity. I understand that SLSV has no responsibility for any medical and/or dental expenses I may incur.

I do hereby authorize Vineyard Church of Sugar Land/Stafford or its representative(s), team leader(s), team member(s), supervisor(s) and vehicle driver(s), in case of medical emergency, to give consent to a physician and/or hospital for emergency medical, surgical or dental examination and/or treatment while on this trip.

FOR MINORS ONLY: Parental Consent for medical treatment of a minor participant

I, _____ (print name) the parent/legal guardian of the participant, who is a minor, I do hereby authorize Vineyard Church of Sugar Land/Stafford or its representative(s), team leader(s), team member(s), supervisor(s) and vehicle driver(s), in case of medical emergency, to give consent to a physician and/or hospital for emergency medical, surgical or dental examination and/or treatment while on this trip. If there is an emergency please use best efforts to contact me at: _____ (Phone).

If there is an emergency and I cannot be reached please contact:

Name: _____ Relationship: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

WHO IS AUTHORIZED IN MY BEHALF

Signature of Guardian/Parent

I agree that in the event my conduct is considered by Vineyard Church of Sugar Land/Stafford or its representatives to be so unsatisfactory that it jeopardizes the safety and/or success of the Activity, and that mediation during the Activity has failed to correct my conduct, that my services in connection with this Activity shall end and I may be required to return home before completion of the Activity, possibly at my own expense.

I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas and that, if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Any portion of this agreement that is held invalid for any reason shall be enforced to the fullest extent permitted by applicable law

I have carefully read the above release and I know its contents. I am aware that this is a release of liability and I sign this voluntarily. To the extent that I am a minor, my parent or legal guardian's signature below indicates that my parent or legal guardian hereby expressly gives to Vineyard Church of Sugar Land/Stafford and the other releaseses the same releases, consents and indemnities set forth herein.

I hereby release Vineyard Church of Sugar Land/Stafford and its representatives (including all releasees as defined above) from any claim whatsoever on account of first aid, treatment or service rendered to me during participation in the Activity. This release contains the entire agreement between the parties relating to the subject matter. The terms of this release are contractual and not a mere recital.

READ BEFORE SIGNING

Print Name of Participant Signature of Participant Date

SIGNATURE OF PARENT OR GUARDIAN (IF PARTICIPANT IS A MINOR) CONSENTING TO A MINOR'S PARTICIPATION UNDER THE FOREGOING TERMS AND CONDITIONS:

Print Name of Guardian/Parent Signature of Guardian/Parent Date