

# LIABILITY RELEASE FORM



We're **delighted** that you're choosing to join us in this mission trip! Impact Nations will be doing everything possible to make it an experience you'll never forget and a major milestone in your personal development. We believe that you are coming with every intention to serve God and your fellow man and that you have no intention of entering into legal conflict with this ministry for any reason. However, it is an unfortunate reality that missions travel involves some risks and in order to keep our insurance costs as low as possible (and therefore keep the trip cost low as well) we ask that you sign this liability release form. If you have any questions or concerns, please contact us toll free at 1 877 736 0803.

In exchange for participation in Journeys of Compassion organized by Impact Nations International Ministries of Rio Rancho New Mexico, I \_\_\_\_\_ agree to the following:

**Agreement to the following:**

I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Impact Nations Leadership. I am in sufficiently good health for travel and have all the vaccinations specified for travel to the above destination by the World Health Organization and/or my country, province or state health department. *(This information is on the Web. If in doubt, call our office.)*

**Assumption of the risks and release.**

I know that International travel for ministry and/or missions involves danger and risk. I acknowledge that the dangers and risks include, but are not limited to, the hazards of travel by all means of conveyance and in all environments and political situations; sickness or injury in areas where medical assistance may be primitive, inadequate, or not readily available, and/or where rapid evacuation is not available; or where there is exposure to crime, to civil unrest and to forces of nature or other dangers.

**Assumption of the injury and release.**

I acknowledge that Impact Nations does not accept any responsibility for injury, illness or loss suffered by me, and that all medical or personal expenses in connection with or made necessary by my illness or injury or loss on this trip are my own responsibility. Impact Nations includes in the cost of the Journey, medical insurance for your time on this Journey but it is your responsibility to file any paperwork needed to file a claim. Should I become ill or injured or suffer other damage, I will pay all costs involved including costs of evacuation and medical care I might receive.

**No duress.**

I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire.

**Dispute resolution.**

The parties will attempt to resolve any dispute arising out of or relating to this Agreement through friendly negotiations amongst the parties. Any controversies or disputes arising out of or relating to this Agreement will be submitted to Mediation in accordance with any statutory rules of mediation. If mediation does not successfully resolve the dispute, then the parties may proceed to seek an alternative form of resolution in accordance with any other rights and remedies afforded to them by law.

**Photo release.**

I give Impact Nations my permission to use photographs taken on a Journey that may include me and I consent for those images to be published for promotional and reporting purposes.

**Emergency contact.**

In case of an emergency, please call \_\_\_\_\_ at \_\_\_\_\_.

This Liability Release is good for one year from this date: \_\_\_\_\_.

**I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I ACCEPT AND ASSUME ALL RISKS AND HAZARDS FROM THIS ACTIVITY, BOTH KNOWN AND UNKNOWN, INCLUDING BUT NOT LIMITED TO THOSE IDENTIFIED ABOVE. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

If applicant is 18 years of age or under, a signature from his/her parent or legal guardian is required;

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_