

**RELEASE OF CLAIMS AND HOLD HARMLESS
FOR FUTURE ACCIDENTAL INJURIES OR DEATH, AND
AUTHORIZATION FOR EMERGENCY MEDICAL OR DENTAL CARE**

This agreement is made between Sample Organization (hereinafter referred to as "S.O.") and (full legal name) _____, who was born on the ____ day of _____, _____.

1. I hereby make the following assurances and warranties:
 - a. I am of legal age and legally competent to sign this agreement and release;
 - b. I understand that the terms of this agreement and release are contractual;
 - c. I have fully informed myself of this agreement and release by reading it before I signed it;
 - d. I have had the opportunity consult with legal counsel regarding the effect of this agreement and release, should I so desire; and
 - e. I have signed this document of my own free will.

2. I have freely chosen to participate in the following activity to be held by S.O.:

Missions outreach to: [insert country]

To be held: [insert dates of trip]

3. I have inquired about the above-indicated activity to my satisfaction and I am aware of the inherent dangers of said activities, as well as the benefits to be gained by my participation.
4. I agree to hold neither S.O., nor its agents and/or officers, directly or indirectly liable for any injury to or death, or for any damage to my personal property, resulting directly or indirectly in the activity or from travel to or from the activity by air, bus, or otherwise.
5. I personally assume all risks and liabilities in connection with my participation in the activities which are the subject of this releases. I release S.O., its agents and officers, from all liability for any injury or death which may occur as a direct or indirect result of participation in these activities. This release includes all risks and liabilities connected with these activities, whether foreseen or unforeseen. I further agree to save and hold harmless S.O. and its agents and officers from any claim or liability, whatsoever, by anyone arising directly or indirectly out of my participation in these activities.
6. In the event that I am unable to, I authorize any x-ray examination, anesthetic, dental, medical, or surgical diagnosis, and/or treatment by any physician, dentist, or surgeon licensed by the state in which such treatment is needed, and any ambulance or hospital service that may be rendered under the general, specific, or special consent of the acting agent of S.O., whether such diagnosis or treatment is required at the office of the physician, dentist, or surgeon, or at a clinic or hospital licensed by the state in which such treatment is needed. I further authorize the physician, dentist, or surgeon at his or her discretion, to acquire the assistance of necessary consultants and/or medical assistants.
7. I understand and agree that this consent is given in advance of any specific diagnosis or treatment. Further, this consent is given to encourage the physician, dentist, or surgeon to exercise his or her best judgment as to such diagnosis or medical, dental, or surgical treatment. I understand and agree that neither S.O., nor its agents and/or officers assume responsibility for the payment of any ambulance, physician, dentist, surgeon, clinic, or hospital.

Signature

Date

Health Insurance Company: _____

Policy Holder's Name: _____

Policy Number: _____

Witness Signature

Date