

MISSIONS TRIP APPLICATION FORM

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

WARNING: THIS IS A COMPLETE RELEASE OF ANY POTENTIAL CLAIMS. All persons under 18 years of age must additionally submit the included parental consent form.

I, _____, wish to be considered as an Alive2Love Missions Team Member for the following mission trip.

TRIP SELECTION: Destination (City & Country): _____ | Dates: _____

HEREBY DECLARE: I am 18 years of age or older. **(If not yet 18, both youth and parents/legal guardian must initial and sign).** I am in good health and have received or will be receiving all vaccinations recommended by my county or state health department for travel in the countries or areas to be visited on this trip. I acknowledge that International travel involves danger and risk. I acknowledge that the dangers and risks include, but are not limited to, the hazards of travel by air, boat, raft, jeep, automobile, bus, taxi, bicycle, and on foot, travel in foreign countries, in jungles, mountains, high altitudes, steep terrain; travel and/or attendance at meetings among possibly unfriendly persons; sickness or injury in areas where medical assistance may be primitive or inadequate, unavailable 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. I understand that the above and/or other possibilities are risks in ministry/missions travel. I acknowledge that Alive2Love 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 on this trip are my own responsibility. I further acknowledge that Alive2Love has recommended that I carry or obtain primary medical or travel insurance to cover possible medical needs, especially related to previously existing medical conditions. I hereby assume all risk of personal injury, sickness, or death, and damage to or loss of my personal property, and any delay, change or cancellation of travel arrangements, and any and all other damage or expenses I may suffer as a result of participation in this ministry/mission trip or in activities related to it. I agree to be fully responsible for my actions. 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.

Please read carefully, initial and sign indicated areas:

IN CONSIDERATION OF MY BEING PERMITTED TO PARTICIPATE AS AN ALIVE2LOVE MISSIONS TEAM MEMBER ON THE ABOVE MINISTRY TRIP: I ACCEPT AND ASSUME ALL RISKS AND HAZARDS FROM THIS ACTIVITY, BOTH KNOWN AND UNKNOWN, INCLUDING BUT NOT LIMITED TO THE RISKS AND HAZARDS IDENTIFIED ABOVE. Initial: _____

I HEREBY VOLUNTARILY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS AND INDEMNIFY ALIVE2LOVE, ITS DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, COORDINATORS, FACILITATORS, VOLUNTEERS, AND OTHER TEAM MEMBERS FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS OR RIGHTS OF ACTIONS, WHICH ARE RELATED TO, ARISE OUT OF, OR ARE IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS ACTIVITY, WHICH I NOW HAVE OR MAY HAVE IN THE FUTURE, SPECIFICALLY INCLUDING BUT NOT LIMITED TO THE NEGLIGENT ACTS OR OMISSIONS OF ANY PERSON SO RELEASED, HELD HARMLESS AND INDEMNIFIED, AND SPECIFICALLY INCLUDING CLAIMS RELATING TO ANY PERSONAL INJURY THAT I MAY SUFFER. Initial: _____

I AGREE NOT TO MAKE A CLAIM, FILE SUIT OR DEMAND ANYTHING FOR ANY INJURY, DEATH OR LOSS THAT ARISES FROM MY PARTICIPATION IN THIS ACTIVITY. Initial: _____

I AGREE TO PAY THE COSTS AND/OR LEGAL EXPENSES INCURRED BY THE TRIP LEADER (S), ORGANIZERS AND/OR PARTICIPANTS AS A RESULT OF ANY CLAIM OR SUIT FILED BY ME, OR FILED BY ANYONE ELSE AS A RESULT OF MY CONDUCT. Initial: _____

I CONSENT AND AGREE TO PAY FOR ANY MEDICAL TREATMENT RENDERED TO ME BY ANYONE FOR ANY INJURY OR OTHER MEDICAL SITUATION DURING, OR RESULTING FROM, MY PARTICIPATION. Initial: _____

I AUTHORIZE ALIVE2LOVE TO ARRANGE FOR TRANSPORTATION AND LODGING FOR ME ON THIS TRIP. Initial: _____

I AGREE THAT THESE PROMISES, AGREEMENTS, ASSUMPTIONS OF RISK AND RELEASES BIND ME, MY FAMILY, ALL MINORS WITH ME OR ON WHOSE BEHALF I SIGN, AND MY HEIRS OR LEGAL REPRESENTATIVES AND ASSIGNS. Initial: _____

DECLARATION & SIGNATURE OF MINOR

I hereby make each of the above statements, acknowledgements, authorizations, releases, discharges, hold harmless agreements, indemnities and other agreements on behalf of my minor child or children, accompanying me or participating alone on this trip whose name(s) appear(s) below, and agree that they shall be binding on each minor child, his heirs, successors and assigns:

Print Full Name of Minor:	Signature of Minor:	Date:
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DECLARATION & SIGNATURE

I have read carefully and understand this liability release. I am aware that I am giving up important legal rights and sign of my own free will.

Print Full Name:	Signature of:	Date:
Address:		



P.O. BOX 1043 • PONTE VEDRA, FL 32004
WWW.ALIVE2LOVE.ORG

904-778-5064 | INFO@ALIVE2LOVE.ORG

MISSIONS TRIP PARENTAL CONSENT

ABOUT: *This form is to be used when an applicant is under the age of 18.*

HOW IT WORKS: *Parent/Guardian: Fill out this form and submit it with the rest of the application.*

APPLICANT FULL NAME:

PARENT/GUARDIAN INFORMATION

Parent/Guardian Full Name:			
Street Address:			
City:	State:	Zip:	Country:
Mobile Phone:	Home Phone:	Work/Other Phone:	
E-mail:			

DECLARATION & SIGNATURE

I, as parent or legal guardian for the above named applicant, hereby give my permission for this child or legal ward to participate in the trip and further agree, individually and on behalf of my child or legal ward to the terms and conditions, release of liability and assumption of risk as outlined in the application form, which I have thoroughly read.

Print Full Name of Minor:	Signature of Minor:	Date:
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