

Waiver of Liability and Consent to Emergency Medical Treatment

Trinity Presbyterian Church 2007 Mission Trip

I, _____, am participating in a short-term mission trip ("the Trip") sponsored by Trinity Presbyterian Church, Atlanta, Georgia, from _____ to _____.

In consideration of the opportunity to participate in this Trip, I hereby agree as follows:

1. I understand that I may be traveling to or staying in areas of the world that may have unstable political, economic, and security situations where acts of war, potential danger from lack of control over local population, terrorism, or violence might occur at any time.

2. I understand that I may encounter difficult climates and living conditions, that risks are present in the means of travel, food, water, diseases, pests, poor sanitation, and other health-related situations. I am aware that it is my responsibility to secure necessary immunizations from my personal physician and that I am also responsible for securing my own medical evacuation insurance that will allow me to be flown home in case of emergency since medical/emergency medical treatment may be inadequate or not available.

3. I also understand that this trip may require participation in physical labor, heavy lifting and other strenuous activities that will require that I be in good physical condition.

4. I accept and assume all responsibility for my personal actions and any and all risks of property damage or personal injury that may occur during or as the result of my participation, including potential injury while working.

5. With the above in mind, I agree that Trinity Presbyterian Church, its staff members, officers, representatives, assigns, or other agents shall not be liable in any way for any accident, loss, death, injury, or damage to myself or my property in connection with this Trip, or any portion of this Trip, even if such injury is due to the alleged negligence of Trinity Presbyterian Church or its agents. Furthermore, I knowingly and voluntarily waive each and every claim or right of action I have now or may have in the future against Trinity Presbyterian Church related to this Trip.

6. I hereby aver that I am in good health, will have all medications necessary to treat any allergic or chronic conditions, and that I am able to administer such medications without assistance. If at any time during this Trip I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize emergency medical care decisions to be made on my behalf by the leaders of this Trip. I also specifically release Trinity Presbyterian Church and its representatives, in making those emergency medical care decisions, from any and all liability associated with such decisions.

7. I have read this document carefully, I agree to the terms contained herein, and I intend to be legally bound by all terms of this Waiver of Liability and Consent to Emergency Medical Treatment.

This _____ day of _____, 2007.

Signature: _____

Printed Name: _____

Witness: _____