

Sample Short-Term Mission Trip Risk Acknowledgement and Release Form

TRIP INFORMATION (To be completed by the trip sponsor)

Sponsoring organization (Trip Sponsor): _____

Location of mission trip: _____ Dates: _____

Nature of mission trip: _____

Name of trip sponsor's coordinator: _____ Phone: _____

E-mail: _____

PARTICIPANT INFORMATION (To be completed by participant or an authorized guardian)

Name of participant: _____

Address: _____ Phone: _____

Name of emergency contact: _____

Daytime telephone: _____ Evening Phone: _____

List any current allergies, illnesses, physical conditions, or medications: _____

Is sponsor authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____

Policy or group number: _____

PARTICIPANT AGREEMENT (To be completed by participant or by parents or guardians if Participant is a minor)

I acknowledge that participation in the above trip involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

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In consideration for the opportunity to participate in the above trip, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in the trip. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the trip. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the Trip Sponsor and its agents, employees, volunteers, or any other representatives (collectively included hereinafter in the term "Trip Sponsor") for any injury related directly or indirectly out of the above trip, whether such injury arises out of the negligence of the Trip Sponsor or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Trip Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

Signature: _____ Date: _____

Signature: _____ Date: _____

Notes: _____

Completed by: _____ Date: _____

This is a sample document only. Your organization is responsible for compliance with all applicable laws. Accordingly, this form should not be used or adopted by your organization without first being reviewed and approved by a licensed attorney in your state. Brotherhood Mutual Insurance Company assumes no liability in the preparation and distribution of this form.