

ELEVATE LIFE CHURCH
4027 Trail Creek Rd. Riverside, Ca 92505
info@go2elevate.com / phone 951-888-1038

Short-Term Mission Trip Liability Release, Waiver and Indemnity Agreement

This Liability Release Waiver and Indemnity Agreement ("Release") is being entered into between Rock Church Ministries (DBA Elevate Life Church) and _____ (participant) for the mission trip to _____ ("Mission") on dates _____ to _____.

Elevate Life Church and the undersigned agree that my participation in the Mission poses risks and dangers from causes known or unknown including, but not necessarily limited to: sickness and/or health hazards due to poor food and water, diseases, pests, and poor sanitation, personal injury, death, crime, political instability, government opposition to the Mission, and inadequate medical facilities as well as similar and dissimilar risks (herein "Risks").

In consideration of Elevate Life Church permitting me to participate in the Mission and all its related activities and use its facilities and equipment, I voluntarily assume all risks involved in participation in the Mission and on behalf of myself and my personal representatives, assignees, heirs, successors and next of kin (all hereinafter referred to as "Releasers"), I do hereby release Elevate Life Church and its officers, directors, employees, representatives and agents (hereinafter referred to as "Releasees") from all liability for any loss, cost, expense or damage, claim or demand on account of injury to my person or property or death, whether caused by the negligence of Releasees or otherwise, while I am traveling and preparing for or participating in the Mission in any way.

I further agree to indemnify, defend and hold harmless the Releasees and each of them from all loss, cost, expense or damage, claim or demand on account of injury to them or their property or death which they may suffer or incur due to or in any way arising out of my participation in the Mission and related activities, whether caused by the active or passive negligence of any of the Releasees or otherwise.

Safe and Moral Conduct is Mandatory for Every Participant on the Trip.

The overseeing Pastor or Mission Leader is responsible for maintaining such behavior in the group. Behavior that is not tolerated includes, but may not be limited to:

- a. Fighting, harassment, continued coarse speech or behavior
- b. Possession of any weapon or dangerous object
- c. Possession or use of tobacco, alcohol, or controlled substances
- d. Males are not allowed in females' rooms and females are not allowed in males' rooms at any time

I agree that in the event my conduct is considered by the Releasee or its representatives to be so unsatisfactory that it jeopardizes the safety and/or success of the Mission, and that mediation during the Mission has failed to correct my conduct, that my services in connection with this Mission shall end and I may be required to return home before completion of the Mission, possibly at my own expense.

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Short-Term Mission Trip Medical Information

Please give any information you believe may be helpful in the event of an emergency for a quick response by medical personnel. Include known medical conditions, communicable diseases or exposure to any communicable diseases in the last 21 days, injuries, allergies and blood type: _____

Please list any medications that you are taking. Include the name, dosage and frequency. _____

- Note: For traveling internationally, all medications should be clearly labeled, in the original container, with all pertinent information, including your full name, dosage and frequency of administration.

If there is an emergency and I cannot be reached please contact:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Please initial all box(s) below that apply:

_____ I AM healthy enough to travel on this Mission

_____ I AM CURRENT on my Tetanus shot (within the last 10 years)

_____ I AM CURRENT on all vaccinations required for travel on this Mission (see specific Mission Booklet for any country specific requirements if available)

_____ I DO have the following medical and/or accident insurance policy(s) and I agree that I am responsible to submit and process any claims for coverage and/or reimbursement subject to the insurance company's policies and to pay any and all medical and/or dental expenses directly or indirectly related to my participation in the Mission which are not covered under the policy terms. I understand that Elevate Life Church has no responsibility for premiums, coverage or claims thereunder.

Name of Insurance Company	Policy No.

_____ I HAVE PURCHASED additional medical insurance from Faith Ventures Travel Insurance or another medical insurance provider.

Name of Additional Insurance Company	Policy No.

_____ I HAVE NOT PURCHASED optional medical insurance from Faith Ventures Travel Insurance or another medical insurance provider.

_____ I DO NOT have medical or accident insurance, and I agree to pay any and all medical and/or dental expenses directly or indirectly related to my participation in the Mission, including, but not limited to, during the transportation to and from the Mission. I understand that Elevate Life Church has no responsibility for any medical and/or dental expenses I may incur.

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Short-Term Mission Trip Release and Medical Information Signature Page

I do hereby authorize Elevate Life Church or its representative(s), team leader(s), team member(s), supervisor(s) and vehicle driver(s), in case of medical emergency, to give consent to a physician and/or hospital for emergency medical, surgical or dental examination and/or treatment while on this trip.

FOR MINORS ONLY: Parental/Legal Guardian Consent for Medical Treatment of a Minor Participant
I, _____ (print name) the parent/legal guardian of the participant, who is a minor, I do hereby authorize Elevate Life Church or its representative(s), team leader(s), team member(s), supervisor(s) and vehicle driver(s), in case of medical emergency, to give consent to a physician and/or hospital for emergency medical, surgical or dental examination and/or treatment while on this trip. If there is an emergency please use best efforts to contact me at: _____ (phone).

I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California and that, if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Any portion of this agreement that is held invalid for any reason shall be enforced to the fullest extent permitted by applicable law.

I have carefully read the above release and I know its contents. I am aware that this is a Release and I sign this voluntarily. To the extent that I am a minor, my parent or legal guardian's signature below indicates that my parent or legal guardian hereby expressly gives to Elevate Life Church and the other Releasees the same releases, consents and indemnities set forth herein.

I hereby release Elevate Life Church and its representatives (including all Releasees as defined above) from any claim whatsoever on account of first aid, treatment or service rendered to me during participation in the Mission. This release contains the entire agreement between the parties relating to the subject matter. The terms of this release are contractual and not a mere recital.

READ BEFORE SIGNING

Print Name of Participant	Signature of Participant	Date

SIGNATURE OF PARENT OR LEGAL GUARDIAN (IF PARTICIPANT IS A MINOR) CONSENTING TO A MINOR'S PARTICIPATION UNDER THE FOREGOING TERMS AND CONDITIONS:

Print Name of Guardian/Parent	Signature of Parent/Legal Guardian	Date