



## Mission Trip Waiver and Release Form 2014

**Sponsoring Organization:** Lord of the Valley Lutheran Church, Granby, Colorado

**Physical address:** 63294 US Highway 40

**Mailing address:** PO Box 843, Granby, CO 80446

**Coordinator:** Carmen Covington

**Description of Activity:** June 26, 2014 through July 6, 2014.

- ❖ Evangelism in conjunction with Enmanuel Lutheran Church in Cacaui, Nicaragua.
- ❖ Medical Clinic providing dental, women's health, optical Pediatric and medical services in villages surrounding Somoto, Nicaragua.
- ❖ Assemble and deliver water filters to a designed village
- ❖ Visit and provide support to Casa de Materna and the hospital in Somoto,

Participant Name: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_

**(If you are under 18 years)**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (day): \_\_\_\_\_ (eve): \_\_\_\_\_

Email: \_\_\_\_\_

Is coordinator or designee 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# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone (day): \_\_\_\_\_ (eve): \_\_\_\_\_

Email: \_\_\_\_\_

### Participant Agreement:

- ❖ In consideration for the opportunity to participate in the above activity, the participant (or parent/guardian) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity.
- ❖ The participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the activity or during the transportation to and from the activity.
- ❖ Further, the participant (or parent/guardian) promises to indemnify, defend, and hold harmless the activity sponsor or its agents, employees, volunteers, or any of its representatives (collectively referred to hereinafter as the "Coordinator") for any injury related directly or indirectly out of the described activity or transportation to or from the activity, whether such injury arises out of the negligence of the Sponsor or otherwise.
- ❖ If a dispute arises over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through mutually acceptable alternative dispute resolution process.
- ❖ If the Participant (or parent/guardian) and the Sponsor cannot agree upon such a process, the dispute shall be submitted to a three member arbitration panel of the American arbitration Association for final resolution.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if Participant is a minor): \_\_\_\_\_ Date: \_\_\_\_\_