



Mission Trip Waiver and Release Form 2019

Sponsoring Organization: Lord of the Valley Lutheran Church, Granby, Colorado
Physical address: 63294 US Highway 40, Granby, Colorado
Mailing address: PO Box 843, Granby, CO 80446
Team Leader: Carmen Covington

Dates of Activity: June 20, 2019 through June 30, 2019

- Carry out worship, social, and construction activities with Emanuel Lutheran Church in Cacaufí, Nicaragua.
- Operate medical clinics (dental, optical, general medicine, women's health, pharmacy, and children's ministry) in villages surrounding Somoto, Nicaragua.
- Assemble and deliver water filters to a designated village near Somoto.
- Visit and provide support to the Brenes Hospital and to Casa Materna in Somoto.
- Participate in tourist activities with other Team members.

Participant Name: _____

Name of Parent / Guardian: _____
(If you are under 18 years)

Address: _____ City: _____ State: _____ Zip: _____

Phone (day): _____ (eve): _____

Email: _____

Is Team Leader or designee authorized to approve medical treatment? ___ Yes ___ No
Designee must be on the mission trip. (designee's name _____)

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

If Yes, name of Insurer: _____ Policy or Group # _____

Participant is required to purchase international medical/evacuation travel insurance as a group at the Team Leaders choice. A copy of the insurance summary page and an addendum explaining the additional risks involved with the 2019 trip are attached. You may purchase additional insurance at your choice for additional insurance coverage.

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) and Sponsor agree to attempt to resolve the matter through mediation with a mutually acceptable mediator, and if that fails, through arbitration with a mutually acceptable arbitrator with the authority to issue a final and binding resolution of the matter. If the parties agree, the same individual may be engaged for both mediation and arbitration in a "med-arb" process.
- If the Participant (or parent/guardian) and the Sponsor cannot agree on a mediator or arbitrator, or the above mediation/arbitration process does not resolve the matter for any other reason, the dispute shall be submitted to a tripartite arbitration panel under the rules of the American Arbitration Association (AAA). Each party shall appoint one arbitrator. The neutral chair of the tripartite panel shall be selected by these two arbitrators from a list of seven names provided by the AAA by alternately striking names until one name remains. Such individual shall be the chair. A majority of such tripartite panel shall issue a final and binding decision in the matter.

Participant Signature: _____ Date: _____

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