

Liability Release and Agreement to Transport Home (Adults and Minors)

Participant Name: _____

Emergency Contact: _____

Relationship to Participant: _____

Address: _____

Phone Number: _____

RELEASE OF LIABILITY

The PARTICIPANT, their PARENTS, GUARDIANS, HEIRS, ASSIGNS and REPRESENTATIVES hereby release Ridge Point Community Church, its staff members, volunteers, agents and representatives of any and all liability for any loss, injury, or property damage which may be the result of any aspect of any Mission Trip or Excursion the Participant may participate in so long as specific written permission has been given by the Parent/Guardian for the Participant to participate in the specific Mission Trip or Excursion . The Participant and the Participant's Parent(s) and/or Guardian(s) understand, acknowledge and accept that there are inherent risks, both known and unknown, in travel and in the activities in which the participant will engage in during Mission Trips and Excursions.

The Participant and the Participant's Parent (s) and/or Guardians understand, acknowledge and accept that these risks may result in serious injury and/or death.

The Participant and the Participant's Parent (s) and/or Guardians also understand and acknowledge that individual Participants are not covered under any policy of insurance held by Ridge Point Community Church and that Participants must provide any and all insurance coverage for themselves, including, but not limited to health, life and liability insurance.

I have read, understand and accept the terms above.

I/We, the undersigned, (the adult participant or the parents/guardian having legal custody of the student participant) has given our **consent to participate** in a mission project being operated by Ridge Point Community Church Student Ministries. I/We understand that the Ridge Point site director or the lead adult of our group may need to send any team member home as a result of illness or discipline. I/We understand if the team member named above is dismissed from the mission site, he/she will be transported home at my/our expense. (Ridge Point will attempt to contact the parent or guardian to arrange such transportation.)

Participant Name Signature

Parent/Guardian Name Signature

Parent/Guardian Name Signature

Phone Number _____ Cell Number _____

Date _____