

Short-Term Mission Trip Risk Acknowledgement and Release Form

Trip Information *(To be completed by the Trip Sponsor)*

Sponsoring organization (Trip Sponsor): Reality Church Ventura

Location(s) of mission trip: England, United Kingdom, France Dates: July 22 - August 6, 2024

Nature of mission trip: Support Creation Fest Music Festival + Outreach

Name of Trip Sponsor's coordinator: Billy Hunter Telephone: 805-279-0006

E-mail: billy@realityventura.com

Risks associated with trip (list not all-inclusive): Bodily injury, contracted illness, emotional distress, economic loss, being detained, manual labor, Emergency Evacuation, Emergency medical / dental expenses, trip delay, accidental death, missed flight/transportation, baggage loss/delay, lost/stolen passport, Emergency travel arrangements, political / security evacuation, kidnap & ransom

Prohibited activities (for a minor Participant): Traveling alone, alcohol consumption, engaging in sexual activity, and non-prescription drugs

(You may write on the alternate side or attach an additional sheet of paper to this form. Please indicate in the space provided that additional information has been supplied).

Trip Sponsor insurance includes (health/accident, baggage, etc.): We are offering travel insurance or but not health insurance.

We highly recommend you check with your insurance provider for how to handle international medical emergencies before we leave.

Any extra coverage is the responsibility of the Participant or Parent of minor participants. ("Parent" refers to parents or guardians throughout the entire document.)

An itinerary is attached to this form.

Participant Information *(To be completed by Participant or Parent)*

Name of Participant: _____

Address: _____ Telephone: _____

Name of emergency contact: _____

Daytime telephone: _____ Evening telephone: _____

Prohibited activities (for a minor Participant): _____

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

Is Trip 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, if Participant is a minor)*

I acknowledge that participation in the above trip involves risk to the individual listed above as the Participant (referred to as “Participant” throughout this document) (and to Participant’s Parent, 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.

In consideration for the opportunity to participate in the above trip, the Participant (or Parent acknowledges and accepts the risks of injury associated with participation in the trip. The Participant (or Parent) accepts personal financial responsibility for any injury or other loss sustained during the trip or during transportation to and from the trip, as well as for any medical treatment rendered to the Participant that is authorized by the Trip Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the “Trip Sponsor”). Further, the Participant (or Parent) releases and promises to indemnify, defend, and hold harmless the Trip Sponsor and its agents, employees, volunteers, or any other representatives 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) agrees to resolve the matter through a mutually acceptable Biblically based alternative dispute resolution process. If the Participant (or Parent) and the Trip Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Photo Use Agreement *(This release can be a separate document if the ministry so chooses)*

- 1. Use and storage of Participant’s name and image, by means of digital or film photography, video photography, audio recording or other documentation, with respect to the trip.
- 2. Use of any stored data including Participant’s name and image in printed publications of Trip Sponsor.
- 3. Use of any stored data including Participant’s name and image in electronic publications of Trip Sponsor.
- 4. Use of any stored data including Participant’s name and image in any Web site created by or for Trip Sponsor for its sole benefit.
- 5. If I am signing this agreement on behalf of a minor child, I hereby warrant that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child.

By signing below I acknowledge and warrant that the information that I have provided on this form is true and correct to the best of my knowledge. I further agree to immediately notify the Activity Sponsor of any change in the information presented. I understand that this form is valid and legally binding until revoked in writing by the Participant (or the Participant’s parent(s) or guardian(s) if the Participant is a minor).

Printed name: _____

Signature: _____

Date: _____

Participant

Printed name: _____

Signature: _____

Date: _____

Parent/guardian if participant is a minor

Printed name: _____

Signature: _____

Date: _____

Parent/guardian if participant is a minor

Printed name: _____

Signature: _____

Date: _____

Witness