



Liability Release Form

Release of All Claims

All Participants:

In consideration for being accepted by Legacy Mission International for participation in a Missions Outreach, I/we, being 21 years of age or older, on behalf of myself/ ourselves (on behalf of my/our child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Legacy Mission International and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by me/us (my/our child participant) while I am (my/our child is) participating in the above described trip or activity.

Furthermore, I/we, on behalf of my/our child participant if under the age of 21 years, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to Legacy Mission International to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said organization, its directors, employees and agents, for any liability sustained by said organization as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

We are/I am the parent(s) or legal guardian(s) of this participant, and hereby grant our/my permission for him/her to participate fully in said trip, and hereby give our/my permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and we/I assume the responsibility of any and all medical bills.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we/I hereby assume all transportation costs.

If participant is under 21 years of age, both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign.

Father / Legal Guardian	Date	Phone Number
Mother / Legal Guardian	Date	Phone Number
Signature of Legal Guardian/Parent	Date	Phone Number

ALL PARTICIPANTS MUST FILL OUT THE FOLLOWING:

Do you have Hospital Insurance? Yes No _____ Insurance Company

- By signing below, I am acknowledging that I have read and agree with:
- the Legacy Mission International Liability Release Form (this page)
 - the Personal Conduct Commitment
 - the Statement of Faith

I understand the rules of conduct for all participants and I will abide by them as well as the directions of the leadership of Legacy Mission International. I understand that Legacy Mission International might use my photo or video or quote in their publications without asking specific permission.

Print your name	Team Name
Signature	