



Short-Term Mission Trip Risk Acknowledgement and Release Form

TRIP INFORMATION

Church/Organization/Family: _____

Location of mission trip: GUATEMALA Dates: _____

Nature of mission trip: Outreaches, evangelism, children's ministry and light projects.

Name of trip leader: _____ Phone: _____

E-mail: _____

Sponsor name: Reach World Mission, Inc. Sponsor leader in Guatemala: Michael Shead

Emergency contact in Guatemala: (616) 965-1906, michael@reachworld.org, International phone: 011-502-5180-0787

PARTICIPANT INFORMATION (To be completed by participant or an authorized guardian)

Name of participant: _____

Address: _____ Phone: (____) _____

Name of emergency contact: _____

Daytime telephone: (____) _____ Evening Phone: (____) _____

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

Is the team leader authorized to approve medical treatment in case of emergency? ____ 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 or guardians if Participant is a minor)

I acknowledge that participation in the above trip involves risk to the Participant (and to Participant's parents or guardians, 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.

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In consideration for the opportunity to participate in the above trip, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in the trip. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the trip. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the Trip Sponsor and its agents, employees, volunteers, or any other representatives (collectively included hereinafter in the term "Trip Sponsor") 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/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Trip Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

Participant name (print): _____

Signature: _____ Date: _____

(Parent/guardian)

Print name: _____

Signature: _____ Date: _____

Please print and sign these pages. Send a signed scan/photo of the document to michael@reachworld.org before your trip and bring the originals with you to leave with your contacts in Guatemala.