*West Valley Presbyterian Church*

20\_\_\_  RANCHO SANTA MARTA MISSION TRIP

**AGREEMENT & RELEASE OF LIABILITY-ADULT PARTICIPANTS**

I, (print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ wish to participate on a mission trip to a foreign country, (Rancho Santa Marta, San Vincente, Baja California, Mexico) from February \_\_\_\_\_\_\_, 20\_\_\_\_ to February \_\_\_\_, 20\_\_\_\_. I acknowledge that my participation includes many risks and possible dangers such as accidents, disease, war, political unrest, irregularity in schedule, injury from construction projects and other calamities.

I declare that I am physically fit and capable of taking part in such activity. I make this declaration on the basis of advice given me by my duly licensed medical doctor within the past 12 months, and I know of no change in my medical condition since receiving such advice which would affect the opinion of such doctor.

In signing this form, I warrant and represent that I am eighteen years of age or older, and indemnify and hold harmless, release and discharge West Valley Presbyterian Church, its constituent organizations, and its officers, agents, and employees from any and all claims for personal injuries, property damage or wrongful death that I may suffer as a result of my participation in the activity described above, whether or not such injuries or damages are caused by the negligence (passive or active) of any of the entities or individuals named or described above.

I agree to abide by the rules and guidelines governing the Rancho Santa Marta Mission Trip and to obey the instructions given by those in leadership or supervision.

I, hereby authorize the making of photographs, motion pictures, videotapes, recordings or other memorializing of saId events and participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such.

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_