



AUBURN GRACE COMMUNITY CHURCH
3126 Olympic Way
Auburn, CA 95603
(530) 823-8330

DATE OF LAST
TETANUS SHOT: _____

PARTICIPANT RELEASE, ASSUMPTION of RISK, and HOLD HARMLESS AGREEMENT (For Minors)

PLEASE PRINT CLEARLY WITH BLACK INK AND READ CAREFULLY BEFORE SIGNING

PARTICIPANT'S FULL NAME: _____ BIRTHDATE: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT/CUSTODIAL ADULT(S) NAME(S): _____

HOME PHONE: _____ WORK #'s: _____ CELL PHONE #'s: _____

EMAIL ADDRESS: _____

MEDICAL CONDITIONS (i.e., asthma, diabetes, hemophilia, etc.): _____

MEDICATIONS TAKEN (all medications and prescriptions must be in the original container and have a note with how, when and why to administer meds, which is signed by the legal guardian): _____

ALLERGIES (i.e., food, drug, environmental, insect bites, etc.): _____

IN CASE OF EMERGENCY (if parent/guardian cannot be reached), CONTACT:

NAME: _____ PHONE #'s: _____ RELATIONSHIP: _____

NAME: _____ PHONE #'s: _____ RELATIONSHIP: _____

NAME OF PRIMARY PHYSICIAN: _____ PHONE # OF PHYSICIAN: _____

HEALTH INSURANCE COMPANY: _____ INSURANCE PHONE #: _____

SUBSCRIBER: _____ POLICY #: _____ GROUP #: _____

____ (PLEASE INITIAL) I HAVE NO MEDICAL OR ACCIDENT INSURANCE, AND I AGREE TO PERSONALLY PAY ANY AND ALL MEDICAL AND/OR DENTAL EXPENSES.

In consideration of being permitted to participate in the _____ (date) _____ (destination) mission trip, including travel to and from the mission site and for the services of Auburn Grace Community Church, its agents, employees, volunteers, sponsors, its insurers and all others acting in any capacity on their behalf to conduct _____ (location) Missions. I HEREBY AGREE TO RELEASE, DISCHARGE, INDEMNIFY AND HOLD HARMLESS Auburn Grace Community Church, ON BEHALF OF MYSELF, MY PARENTS, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND ESTATE AS FOLLOWS:

1. I acknowledge that engaging in any missionary service entails both known and unknowable risks that could result in illness, severe physical and emotional injury, paralysis, death, or damage to or loss to property. These risks include, but are not limited to: accidents in the course of travel to and from the destination; risk of injury or illness commonly associated with construction, recreation or other missionary service activities (including the risk of negligent acts or omissions); and risks associated with living and working in regions with underdeveloped security, buildings, roads, sanitation, food, water and health care services and facilities. I understand that such risks are inherent to and cannot be eliminated from international missionary service.
2. I understand that any missionary service entails travel in countries or regions where there may be a risk of criminal or terrorist activity.
3. I further acknowledge the risk that Auburn Grace Community Church may commit negligent acts or omissions during said trip. I also acknowledge the risk that If I am injured or become ill during the _____ (location) mission trip, any such injury or illness may be made worse by negligent treatment or rescue efforts by parties of Auburn Grace Community Church or other third parties.
4. My participation in the trip to _____ is purely voluntary, and I expressly agree to accept and assume all of the risk of participating in this said trip. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Auburn Grace Community Church from any and all claims, demands, or causes of action, which in any way arise from or are related to my participation in the _____ trip, including all claims alleging negligence if I am injured or become ill in any way during the _____ missions trip.
5. This PARTICIPANT RELEASE, ASSUMPTION OF RISK, AND HOLD HARMLESS AGREEMENT shall be binding to the fullest extent permitted by law. If any part of this RELEASE is deemed to be unenforceable, the remaining terms shall be enforceable as a contract between the parties. This RELEASE shall be binding upon my assignees, heirs, next of kin, executors and personal representatives.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO BE BOUND BY THIS PARTICIPANT RELEASE, ASSUMPTION OF RISK, AND HOLD HARMLESS AGREEMENT.

PARTICIPANT SIGNATURE: _____ DATE: _____



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PARENT OR GUARDIAN'S ADDITIONAL RELEASE AND INDEMNIFICATION AGREEMENT

In consideration of _____ (insert participant/minor's name) "Minor" being permitted by Auburn Grace Community Church to participate in the _____ (destination) missions trip from _____ (start date) to _____ (end date), I have read and understand the foregoing *PARTICIPANT RELEASE, ASSUMPTION OF RISK, AND HOLD HARMLESS AGREEMENT* and agree that its terms and provisions govern this *PARENT OR GUARDIAN'S ADDITIONAL RELEASE AND INDEMNIFICATION AGREEMENT*.

In regard to BOTH (1) Minor's personal rights and (2) the personal rights of Minor's parents or guardians, I agree to accept and assume all of the risks to Minor arising from or related to Minor's participation in the _____ missions trip, including the risk that Auburn Grace Community Church may commit negligent acts or omissions, and the risk that any injury or illness Minor experiences may be made worse by negligent treatment or rescue efforts by Auburn Grace Community Church or other third parties.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Auburn Grace Community Church from any and all claims, demands, or causes of action, which in any way arise from or are related to Minor's participation in the _____ missions trip, including all claims alleging negligence, including negligence concerning treatment or rescue efforts, if Minor is injured in any way during the Event.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO BE BOUND BY THIS ADDITIONAL RELEASE AND INDEMNIFICATION AGREEMENT.

PARENT OR GUARDIAN SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

CONSENT TO TREATMENT

I, _____ as (circle one) the parent/the guardian do hereby authorize Auburn Grace Community Church, acting as my son's/daughter's agent, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment including, but not limited to, over the counter medication and hospital care or service, which is deemed advisable and is rendered under the general or specific supervision of any licensed physician and surgeon, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being rendered, but is given to provide authority and power on the part of Auburn Grace Community Church to give specific consent to any such diagnosis, treatment or hospital care which the above mentioned physician in the exercise of his/her best judgment, may deem advisable.

I hereby authorize any hospital which has provided treatment to my son/daughter to surrender physical custody of my son/daughter to Auburn Grace Community Church upon completion of treatment.

These authorizations shall remain effective through the above periods unless sooner revoked in writing and delivered to Auburn Grace Community Church.

Parent/Guardian: I verify that I am the parent or guardian of the minor, and I have authority to enter into this agreement on behalf of the participant.

PARENT OR GUARDIAN SIGNATURE: _____ **DATE:** _____

PRINT NAME OF CHILD: _____

CONSENT TO TRAVEL OUTSIDE THE UNITED STATES TO _____

The above-named Parents or Guardians of the Participant (Minor) has entrusted the Minor into the care of Auburn Grace Community Church and its agents, as duly authorized representatives of Auburn Grace Community Church, while the Minor participates in the _____ missions trip, and other activities of Auburn Grace Community Church.

The Parent or Guardian does hereby authorize the participant/minor to travel outside the United States to the nation of _____.

PARENT (FATHER) / GUARDIAN SIGNATURE: _____

DRIVERS LICENSE # OF SIGNING PARENT OR GUARDIAN: _____ **STATE OF ISSUANCE:** _____

PARENT (MOTHER) / GUARDIAN SIGNATURE: _____

DRIVERS LICENSE # OF SIGNING PARENT OR GUARDIAN: _____ **STATE OF ISSUANCE:** _____

ALL-PURPOSE ACKNOWLEDGMENT (ATTACH OFFICIAL NOTARIZATION)

State of California, County of: _____ on (Date): _____

Before me _____ (name of Auburn Grace Community Church representative or Witness to Signature)

Personally appeared: _____ (Print name of parent or participant whose signature is witnessed in each place signed above).