



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

PLEASE **PRINT CLEARLY** WITH BLACK INK AND READ CAREFULLY BEFORE SIGNING

PARTICIPANT'S FULL NAME: _____ BIRTHDATE: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK #'s: _____ CELL PHONE #'s: _____
EMAIL ADDRESS: _____
MEDICAL CONDITIONS (i.e., asthma, diabetes, hemophilia, etc.): _____
MEDICATIONS TAKEN : _____
ALLERGIES (i.e., food, drug, environmental, insect bites, etc.): _____
IN CASE OF EMERGENCY, 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 SPOUSE, MY CHILDREN, 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. I represent that I am least 18 years of age and otherwise competent to sign this *AGREEMENT*. 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: _____