



# Liability Release Form

## Release of All Claims

In consideration for being accepted by World Gospel Outreach for participation in a Honduras 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 World Gospel Outreach 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 World Gospel Outreach 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.**

\_\_\_\_\_  
Type or print name of participant

\_\_\_\_\_  
Signature of participant                      Date

\_\_\_\_\_  
Participant's telephone

\_\_\_\_\_  
Emergency Phone Numbers

\_\_\_\_\_  
Pastor's name & telephone

Hospital Insurance \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Father    Date

\_\_\_\_\_  
Mother    Date

\_\_\_\_\_  
Legal Guardian                                      Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Emergency Phone numbers

\_\_\_\_\_  
Physician's Phone

**I have read the World Gospel Outreach Liability Release Form and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership.**

**Team Participant** \_\_\_\_\_

**Team number** \_\_\_\_\_