



## **General Acknowledgments**

This form is provided to Immediate Mission Trip Operations (referred to as “IMSO” throughout this document) Team Members for the convenience of Team Members not having to resubmit a release for the many mission efforts, trips, or mission related events (collectively or individually referred to as “Trip” or “Trips” throughout this document) that IMSO Team Members participate in over time.

You, as the Participant (referred to as “I”, “me”, “you”, or “Participant” throughout this document) indicated in the Participant section of this form certify that you are a currently certified IMSO Team Member.

You acknowledge that this release form is enduring and applies to any Trips in which you participate until such time as you revoke this release in writing to Three Taverns Church, Inc. (referred to as “Trip Sponsor” throughout this document).

You understand that the Trip Sponsor does not provide insurance. **You must purchase or maintain travel insurance with \$25,000 minimums for medical and return home active for the duration of any Trip in which you participate.** Any extra coverage or expenses are your responsibility and all liability resulting from a lack of insurance coverage is solely yours.

You understand and agree that keeping your medical and other release information up to date is your responsibility and that all updates must be made in writing to the Trip Sponsor.



## Participant Information

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_

Evening telephone: \_\_\_\_\_

Have you notified the Trip Sponsor of any prescription medications, dietary restrictions, allergies, and other important medical information (all of these items are referred to as “health information” throughout this document) specific to the Participant when completing the application for this event/trip? Yes No

If you have not provided the above health information, you must provide this information on a page attached to this application. **You understand that it is solely your responsibility to keep this information up to date and notify the Trip Sponsor in writing of any changes to the Participant’s health information.**

Is Trip Sponsor authorized to approve medical treatment?  Yes  No

Is Participant covered by personal/family medical insurance?  Yes  No

If yes, Name of insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_



## **Participant Agreement**

I am the Participant (referred to as “I”, “me”, or “Participant” throughout this document) acknowledge that participation in and Trip involves risk to the me, 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.

In consideration for the opportunity to participate in Trips, I acknowledge and accept the risks of injury associated with participation in the trip. I accept personal financial responsibility for any injury or other loss sustained during the trip or during transportation to and from the trip, as well as for any medical treatment rendered to me that is authorized by the Trip Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the “Trip Sponsor”).

Further, I release and promise to indemnify, defend, and hold harmless the Trip Sponsor and its agents, employees, volunteers, or any other representatives for any injury related directly or indirectly to any 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, I agree to resolve the matter through a mutually acceptable Biblically based alternative dispute resolution process. If the Participant and the Trip Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association. I am solely responsible for all arbitration and legal costs incurred by the Trip Sponsor related to such dispute or arbitration.



## Photo Use Agreement

1. Use and storage of Participant's name and image, by means of digital or film photography, video photography, audio recording or other documentation, with respect to the trip.
2. Use of any stored data including Participant's name and image in printed publications of Trip Sponsor.
3. Use of any stored data including Participant's name and image in electronic publications of Trip Sponsor.
4. Use of any stored data including Participant's name and image in any Web site created by or for Trip Sponsor for its sole benefit.

By signing below I acknowledge and warrant that the information that I have provided on this form is true and correct to the best of my knowledge. I further agree to immediately notify the Trip Sponsor of any change in the information presented. I understand that this form is valid and legally binding until revoked in writing by the Participant.

Participant Printed name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_