



Short-Term Mission Trip Risk Acknowledgement and Release Form

Page 1 of 4

Trip Information

Sponsoring organization (Trip Sponsor):

Three Taverns Church, Inc.

Location(s) of mission trip:

Vineyard Christian Camp
Ariton, Alabama

Dates:

April 4, 2021 through April 9, 2021

Nature of mission trip:

Construction & General Service

Name of Trip Sponsor's coordinator:

Tim Ryan
(404) 704-4028
tim@threetavernschurch.org

Risks associated with trip:
(list not all-inclusive)

Travel
Illness
Construction Related
Tools
Heights - Ladders Etc.
Camp Activities

Prohibited activities
(for a minor Participant):

Tobacco
Drugs

Trip Sponsor does not provide insurance. **Parent must purchase travel insurance for Participant with a minimum of \$25,000 minimums for medical and return home.**

Any extra coverage or expenses are the responsibility of the Participant or Parent of minor participants. ("Parent" refers to parents or guardians throughout the entire document.)

Parent Guardian Initials _____



Short-Term Mission Trip Risk Acknowledgement and Release Form

Page 2 of 4

Participant Information

(To be completed by the Legal Parent or Guardian of the Participant)

Name of Participant: _____

Address: _____

Telephone: _____

Emergency contact: _____

Daytime telephone: _____

Evening telephone: _____

Prohibited activities for your minor Participant:

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 notarized 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: _____

Parent Guardian Initials _____



Short-Term Mission Trip Risk Acknowledgement and Release Form

Page 3 of 4

Participant Agreement

(To be completed the Legal Parent/Guardian of the Participant)

I, as the Parent or Legal Guardian of the Participant (referred to as “I”, “Parent” or “Guardian” throughout this document) acknowledge that participation in the above trip involves risk to the individual listed above as the Participant (referred to as “Participant” throughout this document), 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 the above trip, I acknowledge and accept the risks of injury associated with the Participant's 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 the Participant 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 out of the above 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, the Participant and Parent agree to resolve the matter through a mutually acceptable Biblically based alternative dispute resolution process. If the Participant or Parent 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.

Parent Guardian Initials _____



Short-Term Mission Trip Risk Acknowledgement and Release Form

Page 4 of 4

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.

I am signing this agreement on behalf of a minor child and I hereby warrant that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child. 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 the Participant's parent(s) or guardian(s).

Parent/Guardian Printed name: _____

Parent/ Guardian Signature: _____ Date: _____

Notary Printed name: _____

Notary Signature and Stamp: _____ Date: _____

Parent Guardian Initials _____