Missions Trip Release of Liability

Date_____

Participant's Name_____Passport Number _____

Address_____ **City**_____ **State**_____

Phone_____Email_____ Facebook_____

Trip_____ Trip Dates_____

Person(s) to notify in the event of an emergency (Please list at least one person):

1._____ Number(s)_____

   Relation to participant_____

2._____ Number(s)_____

   Relation to participant_____

Medical Information

Allergies_____

Medications currently taking_____

Chronic Medical Conditions (e.g. Asthma, Diabetes, etc.)_____

Medical Insurance Company Name and Policy #_____

I hereby give permission and authorize United In Christ Ministries Worldwide Inc. (UICMWI) personnel and its affiliates to provide and/or arrange first aid and/or emergency treatment for me while engaging in any school sponsored or non-school sponsored activities. I hereby give my permission and authorization to the physician(s) and/or medical personnel selected by the UICMWI staff and any associated supervisors to secure and administer minor and/or major treatments, including but not limited to hospitalization, injections and/or surgery. I understand that if any such measures as listed herein be required, my emergency contact will be notified at the earliest possible time when medical attention is needed.

By participating in the travel and activities of this trip and/or use of equipment, and/or facilities, I hereby assume all risks, dangers and responsibilities for any personal losses or personal damages. I understand that no refund will be made for any unused portion of the tour unless arrangements have been made prior to departure from the United States.

I have read the above waiver and release form and by signing this form agree it is my intention to exempt, relieve and not hold responsible United In Christ Ministries Worldwide Inc., their administration, employees, staff members, properties, holdings, assets, lands, buildings, equipment and material belongings from liability for accidents, personal injury, property damage, illness or wrongful death caused by involvement in any aspect of this outreach trip.

State Yes or No that my child can swim in the ocean or swimming pools on this trip_____

I grant permission to allow United in Christ Ministry Worldwide Inc. to take and use photographs and pictures of you (or child) taken on the mission trip for the purpose of sharing about the trip, the ministry, and the website. Please answer Yes or No_____

I understand that the use of illegal drugs, alcohol, or tobacco products is strictly prohibited throughout the trip. No form of abuse and/or sexual harassment of any kind will be tolerated. Appropriate action will be taken in every situation.
Note: If you are under the age of 18, a Parent or Legal Guardian must sign this form.

_____   _____
Traveler   Date

The Undersigned is the legal parent or guardian of the Traveler referred to above and agree(s) to the forgoing RELEASE OF LIABILITY AND RESPONSIBILITY OF THE TRAVELER.

_____   _____
Parent/Legal Guardian   Date