



MEDICAL RELEASE FORM (REQUIRED FOR ALL PARTICIPANTS)

I, _____, intend to participate in a mission trip with Love Him Love Them.

Date of Trip: _____ Country of Trip: _____

Acknowledgement of Risks. I acknowledge that as a result of the travel involved, and being in a foreign country, participating in the short term mission trip involves risks of serious damage and harm to persons and property, and even death, and I assume those risks, including risks arising from acts or failures to act of Love Him Love Them. Travel to third world countries is inherently dangerous. Health and safety conditions are often primitive and unpredictable. I understand the potential risks and danger and willingly assume that risk, and hold harmless Love Him Love Them.

Information Relied on by Love Him Love Them. I acknowledge that I am in good health and of sound mind. If necessary, I have discussed or will discuss with my physician my participation in the short term trip, and have received or will receive any vaccination or other recommended prerequisite medical treatment my physician deems necessary. I will participate in the short term trip only if I have received my physician's approval, if I deem it necessary, and believe that I am able to participate without harm. I acknowledge that Love Him Love Them will not assess or approve my fitness for participation. I am under no force or duress of any kind to participate in the short term trip or sign this document.

Release. THIS DOCUMENT IS INTENDED TO ABSOLVE LOVE HIM LOVE THEM OF ANY LIABILITY TO ME THAT IS RELATED TO MY SHORT TERM MISSION TRIP. Accordingly, I hereby release Love Him Love Them from, waive, and will never sue Love Him Love Them for any damage (whether damage to or loss of property, finances, life, body, mind, or emotions), cost, suit, demand, claim, or other liability, that arises or is alleged to arise from or in connection with my participation in the short term trip. Such liability includes any liability that arises or is alleged to arise from Love Him Love Them's negligence (but not its willful and wanton misconduct). Such liability also includes any liability that arises or is alleged to arise from claims for contribution by another that I have sued or from whom I have received compensation.

Medical Permission. I hereby authorize Love Him Love Them or its representatives to initiate any medically necessary care on my behalf in the event of my incapability to present myself for such care for illness or injury sustained while participating in the short term trip, including the administration of emergency anesthesia or surgery. I agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

Definitions. (a) References to "me," "my," and "I" shall include and bind myself, my spouse, and parent for whom this document is signed, any guardian or other person with responsibility for the care and supervision of such minor, and any insurer, heir, estate, legal representative, executor, administrator, successor, or assign of me. (b) "Participation" or "participating" in the short term trip includes planning and preparing for, traveling to, and traveling from, as well as participating in, the short term trip. (c) Love Him Love Them includes (i) its affiliates, and institutions cooperating in the short term trip; (ii) the trustees, officers, employees, volunteers, and agents of Love Him Love Them or such affiliate or institution; and (iii) the spouses, insurers, heirs, estates, legal representatives, executors, administrators, successors, estates, and assigns of any of the foregoing.



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(continued)

I understand the terms herein are contractual and are not mere recital, and that I have signed this document of my own free act and volition. I further state and acknowledge that I have fully informed myself of the contents of this release by reading before I have signed it.

Participant's Signature: _____ **Date:** _____

Current Medications (in case of emergency): _____

Medical Conditions (in case of emergency): _____

Emergency Contact: _____ **Relation:** _____

Emergency Contact Phone: _____

Physical Address: _____

City / State / Zip: _____

Home Phone: _____ **Work Phone:** _____

Email Address: _____

Parent / Guardian Signature (if participant is under 18): _____