

CALVARY ROAD MINISTRIES

**SHORT-TERM MISSION TRIP COMPREHENSIVE RELEASE OF LIABILITY AND
AUTHORIZATION TO OBTAIN MEDICAL CARE**

*****WARNING: THIS IS A COMPLETE RELEASE OF POTENTIAL CLAIMS*****

**TO BE COMPLETED BY PARTICIPANT IF 18 OR OLDER OR BY PARENT OR
GUARDIAN OF PARTICIPANT IF PARTICIPANT IS UNDER 18.**

Participant Name: _____

Address: _____

Cell Phone: _____ Email: _____

Passport Number: _____ Expiration Date: _____

Date of Birth: _____ Citizenship: _____

Name As It Appears on Passport: _____

Name of Emergency Contact (and Relationship): _____

Emergency Contact Cell Phone: _____

Emergency Contact Work Phone: _____

Emergency Contact Home Phone: _____

Emergency Contact Email: _____

List any current allergies, illnesses, physical conditions/limitations, and/or
medications: _____

Name of travel insurance company covering Participant: _____

Policy or group number: _____

Emergency phone number for insurance company: _____

In consideration of being accepted by Calvary Road Ministries for participation on a short-term mission trip to _____ (Location) on _____ (Dates) (“Mission Trip”), and recognizing that I will receive personal benefits and personal satisfaction while on the Mission Trip, all of which I consider to be good and sufficient consideration for executing this Comprehensive Release of Liability and Authorization to Obtain Medical Care (“Release”), I make the following representations, acknowledgements, agreements, and undertakings:

I make and execute this Release in favor of Calvary Road Ministries and its Trustees, Officers, employees, representatives, and agents. I understand and acknowledge that Calvary Road Ministries is a nonprofit organization that relies upon volunteers to conduct its operations and activities, including short-term mission trips, such as this Mission Trip, and, subject to, and without waiving, the additional provisions set forth below, I hereby assume all risks of traveling to and from and participating in this Mission Trip to one or more foreign countries, including personal injury, sickness or death, and damage to, or loss of, my personal property, any delay, change or cancellation of travel arrangements, and all other damage or expenses I may suffer as a result of participation in this Mission Trip and any related activities. I agree to be fully responsible for my actions, both financially and otherwise.

Accordingly, I, on my own behalf and on behalf of my family members, heirs, successors, assigns, executors, and administrators, hereby release and discharge Calvary Road Ministries and its Trustees, Officers, employees, representatives, agents, Mission Trip leader(s), and all other persons and entities that provide goods and/or services to Calvary Road Ministries, either for payment or on a volunteer basis, and all subsidiary and partnering organizations, local host ministries, and organizations (collectively, “CRM”) from any and all from and against any and all liability, claims, damages, causes of action, loss, costs and expenses (including, without limitation, attorney fees) for Injuries arising out of or connected with the Mission Trip, including traveling to and from the location(s) of the Mission Trip. claims and causes of action, now or during the Mission Trip, or arising in the future after the Mission Trip, for any and all forms of bodily injuries or property damage that I or my family may suffer as a result of participating in the Mission Trip, regardless of whether such injuries or damage are caused by any action, inaction, negligence (active or passive) by CRM, or any circumstance, hazard, natural hazard, event, or occurrence I may encounter before, during, after, or as a result of, my participation in this Mission Trip. I agree to pay all costs and expenses, including, without limitation, attorneys’ fees, litigation expenses, and court costs, incurred by CRM and/or other Mission Trip participants because of any claim or suit filed by me and/or filed by anyone else by or through me relating to and/or because of my participation in the Mission Trip.

I represent that I am in good health and have received, or will receive all vaccinations recommended by my county, state, or national governmental

health organization for travel in the countries or areas to be visited on this Mission Trip prior to the Mission Trip at my sole expense.

I understand and agree that international travel involves danger and risk. I acknowledge that the dangers and risks include, without limitation, the hazards of (i) travel by airplane, boat, raft, jeep, automobile, bus, taxi, other vehicles, motorcycle, motor scooter, bicycle, on foot, and via other modes of transportation, (ii) travel in foreign countries, in jungles, mountains, high altitudes, swamps, the African bush, and broken and/or steep terrain, (iii) travel to and/or attendance at meetings among possibly unfriendly persons, (iv) sickness or injury in areas where medical assistance may be primitive, inadequate, unavailable or not readily available, and/or where rapid evacuation is not available; and/or (v) where there is exposure to crime, civil unrest, and forces of nature or other dangers. I understand that the above-listed dangers and risks and other possible dangers and risks are inherent in ministry/foreign missions travel and could very well be experienced on this Mission Trip. By participating in this Mission Trip, I freely, fully, and voluntarily assume all these dangers and risks.

I understand and acknowledge that CRM does not carry insurance of any kind that will cover or protect me before, during, or after this Mission Trip. I acknowledge and agree that CRM has advised me that it does not accept any responsibility for any injury, loss, or damage I may sustain on the Mission Trip, and further acknowledge that CRM has (i) recommended and, in fact, required that I obtain medical insurance to cover possible medical needs, including evacuation, that may occur during this Mission Trip, which I have obtained, and (ii) strongly recommended that I obtain travel insurance covering personal injury, trip delay, change or cancellation, baggage damage and/or loss, and other standard risk coverage for this Mission Trip.

I am aware that the United States Department of State and the foreign equivalent departments issue various travel advisories, warnings, suggestions, and advice regarding domestic and international travel. I will familiarize myself with all current advisories, warnings, suggestions, and advice which may pertain to this Mission Trip and be responsible to remain informed of developments or changes in such advisories, warnings, suggestions, and advice throughout the duration of the Mission Trip.

I understand, acknowledge, and agree that I am responsible for all direct and indirect expenses pertaining to my participation in the Mission Trip, including, without limitation, expenses for airline tickets, transportation, lodging, meals, sightseeing, passports, vaccinations, and other personal expenses that may arise before, during, or after the Mission Trip (some of which may be arranged and paid for in advanced by CRM for which I must reimburse CRM upon request). I further acknowledge that CRM provided me with a good faith estimate of such expenses before I committed to going on the Mission Trip and signing this Release. I also understand, acknowledge, and

agree that I am responsible for all unanticipated non-medical direct or indirect expenses pertaining to my participation in the Mission trip that may arise before, during, or after the Mission Trip. I understand that I may be responsible for some portion of any expenses prepaid by CRM even if I later cancel my participation in the Mission Trip.

Recognizing that health care access and treatment options may be limited in a foreign country, I understand, acknowledge, and agree that CRM is not responsible for outcomes resulting from differences in available care and I assume full responsibility and liability for my personal health decisions. I further understand and agree that I am responsible for all expenses pertaining to my medical care before, during, and after the Mission Trip, including, without limitation, expenses for clinics, hospitals, transportation and/or evacuation, doctors and other medical personnel, medical and surgical procedures, prescription and non-prescription drugs, rehabilitation, housing, meals, and/or COVID-19-related expenses (including quarantine-related expenses). As such, I have purchased comprehensive trip insurance, including health care and evacuation coverage, from a reputable insurance carrier (as set forth above), which I further understand, acknowledge, and agree is a prerequisite to participating in the Mission Trip.

If, while participating in this Mission Trip, I require emergency medical treatment, I hereby consent to the rendering of any emergency medical treatment and/or medical care as deemed necessary by any physician or other medical professional. I hereby give CRM permission to obtain emergency medical treatment at or by any hospital, clinic, or other health care provider as may be deemed appropriate by the Mission trip leader. In such circumstances, I hereby request and authorize any physician, dentist, nurse, technician, and/or other medical professional to perform any diagnostic procedures, treatment procedures, operative procedures, and/or x-ray or MRI treatments as may be necessary, including, without limitation, medical transport, hospital tests, injections, anesthesia, surgery, and administration of prescription and non-prescription drugs. I further authorize the release of any records necessary for treatment, referral, billing, or insurance purposes from any such facilities and/or medical professionals.

If a dispute pertaining to this Release or any claim for damages, expenses and/or costs arises, I agree to resolve the matter through a mutually acceptable alternative dispute resolution (ADR) process. If CRM and I cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution. I further understand and agree that the prevailing party in the ADR proceeding will be entitled to collect his/her/its attorneys' fees, expenses, and/or costs pertaining to such proceeding.

I am aware that by signing this Release, will give up important legal rights. Before signing this release, I acknowledge that CRM advised me to seek

legal advice, and further acknowledge that I did so and/or had ample opportunity to do so but elected not to retain counsel. I have read this Release carefully, had ample opportunity to ask CRM any questions about it, I understand it completely, and sign it freely and voluntarily.

Signature: _____

Date: _____

**TO BE COMPLETED BY THE MISSION TRIP PARTICIPANT'S PARENT OR
GUARDIAN IF THE PARTICIPANT IS A MINOR**

**RELEASE, HOLD HARMLESS, AND INDEMNITY &
MEDICAL CONSENT AND AUTHORIZATION**

I, the undersigned, as parent or legal court appointed guardian of

(Please print or type Participant's full legal name)

a minor under the age of eighteen (18), ("Minor"), with full authority to act on behalf of Minor, do hereby agree and give my consent to the Minor participating in the Mission Trip. I, on my own behalf and on behalf of Minor, acknowledge that participating in the Mission Trip may involve the foregoing dangers risks and that injuries, death, or other harm (including damage to Minor's property) could occur to Minor (collectively, "Injuries"). By allowing Minor to participate in the Mission Trip, I, on my own behalf and on behalf of Minor, hereby assume full responsibility for (i) Minor's foregoing representations, acknowledgements, agreements, and undertakings, including the medical treatment authorization, and (ii) the risk of Injuries, whether caused by negligence or otherwise. I, on my own behalf and on behalf of my heirs, successors, assigns, executors and administrators, hereby RELEASE AND HOLD HARMLESS AND AGREE TO INDEMNIFY CRM (as defined above) from and against any and all liability, claims, damages, causes of action, loss, costs and expenses (including, without limitation, attorneys' fees, litigation expenses, and court costs) for Injuries arising out of or connected with the Mission Trip, including traveling to and from the location(s) of the Mission Trip, whether before, during, or after the Mission Trip.

If, while participating in the Mission Trip, Minor requires emergency medical treatment and/or medical care, I hereby consent to the rendering of such medical treatment and/or care to Minor as deemed necessary by any physician or other medical professional. I hereby give CRM permission to

obtain emergency medical treatment for Minor at or by any hospital, clinic, or other health care provider as may be deemed appropriate by the Mission trip leader. In such circumstances, I hereby request and authorize any physician, dentist, nurse, technician, and/or other medical professional to perform any diagnostic procedures, treatment procedures, operative procedures, and/or x-ray or MRI treatments on Minor as may be necessary, including, without limitation, medical transport, hospital tests, injections, anesthesia, surgery, and administration of prescription and non-prescription drugs. I further authorize the release of any records necessary for treatment, referral, billing, or insurance purposes from any such facilities and/or medical professionals. I assume full responsibility for all medical expenses incurred because of such emergency medical treatment and/or medical care.

UNDERSTOOD AND AGREED:

Signature of Participant's Parent or Guardian

Printed Name: _____

SWORN TO AND SUBSCRIBED BEFORE ME on _____, 202_.

Notary Public in and for
The State of _____

My Commission expires: _____

Approved and adopted by the CRM Board of Directors on October 12, 2023.