



3566 Veterans Memorial Highway
Lithia Springs, GA 30122
Phone: 770.948.2126

GENERAL RELEASE, INDEMNIFICATION AGREEMENT AND AUTHORIZATION FOR MEDICAL TREATMENT

Participant name: (print) _____ ("Participant")

Date of Birth: _____ Age: _____

Home Address: _____

City/State/Zip: _____

Telephone: (Cell) _____ (Day/Evening) _____

E-mail Address: _____

In consideration of the opportunity provided to me to participate in the First Baptist Church, Lithia Springs Missions and any services, housing, food, and the like provided by FBCLS (as defined below), I, Participant, hereby understand and agree that First Baptist Church, Lithia Springs, Southern Baptist Missions, and local churches and their corporations and related entities, their staff, volunteers, directors, officers, agents, elders, deacons, representatives, successors, assigns and entities (hereinafter collectively referred to as "FBCLS ") will not be responsible in any way whatsoever for loss, damage, or injury of any kind or in any manner resulting from or in connection with my participation in First Baptist Church, Lithia Springs Missions.

I, Participant, understand and agree that FBCLS does not and cannot guarantee my safety in connection with the Mission Trip. Further, I understand and agree the activities involved with the Mission Trip may include but are not limited to the following: difficult living conditions, the risks concerning means of travel, food, water, diseases, pests, poor sanitation, and other health related situations, including potential injury while working. I accept and assume all responsibility for all risks which may occur during, in connection with, or result from my participation in the FBCLS Mission Trip including, but not limited to, potential injury while working.

RELEASE: With the above in mind and by my signature below, I fully understand, agree and hereby voluntarily release and forever discharge FBCLS. FBCLS shall not be responsible or liable in any way for any accident, loss, death, injury or damage to my property, in connection with my participation in the Mission Trip or any portion of the FBCLS Missions or myself even if said injury or action is due to the alleged negligence of FBCLS. Further, I do hereby agree to indemnify and hold FBCLS harmless against any and all liabilities, damages, claims, actions or rights of action, suits, judgments and associated costs and expenses (including, without limitation, attorneys' fees) of whatsoever kind in connection with my participation in the Mission Trip or any portion of the FBCLS Missions. Further, I make this agreement on behalf of my



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heirs, agents, fiduciaries, successors and assigns. I waive, knowingly and voluntarily, each and every claim or right of action I have now or may have in the future against the FBCLS related to my participation in the Mission Trip, even if any such claim or right of action is caused by FBCLS' alleged negligence. This document does not release FBCLS from gross negligence.

MEDICAL COVERAGE: I understand and acknowledge that no medical or other insurance or health care benefits will be provided to me by FBCLS during my participation in the Mission Trip and I certify that I have sufficient health, accident, and liability insurance or other benefits to cover any bodily injury or property damage I may incur while participation in the Mission Trip and to cover bodily injury or property damage caused to a third party as a result of my participation in the Mission Trip as follows:

Company: _____
Policy #: _____
Address: _____

Lack of health insurance is not a barrier to your participation as long as you agree that any health issues you experience remain your responsibility.

MEDICAL RELEASE: I hereby state that I am in good health and have all medications necessary to treat any allergic or chronic conditions, and I am able to administer such medications without assistance. If, at any time during my participation in the Mission Trip I need emergency medical care and am not able to give consent because of my physical or mental condition. I authorize the representative of FBCLS as our attorney-in-fact and vest him/her with the authority to authorize emergency medical care decisions on my behalf, and I specifically release FBCLS in making those emergency medical care decisions, from any and all liability associated with said decisions, even if injury or death is the result of FBCLS' alleged negligence.

Person to be notified in case of injury:

Name: _____ Relationship _____

Telephone: _____
(Daytime) (Evening)

Cell phone: _____



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ALL PARTICIPANTS MUST SIGN:

My signature below indicates that I have read this entire document, understand it completely, and agree to be bound by its terms.

Signature of Participant: _____

Date Executed: _____

SIGNATURES MUST BE WITNESSED:

Signature of Witness: _____

(Print)

(Signed)

Date executed: _____

(Signature of both parents, or parent with legal custody, or legal guardian is required if participant is under 18 years of age)

Signature of Father: _____

(Signed)

(Print)

_____ Sole Legal Custody Date: _____

Signature of Mother: _____

(Signed)

(Print)

_____ Sole Legal Custody Date: _____

Signature of Legal Guardian: _____

(Signed)

(Print)

_____ Sole Legal Custody Date: _____

Signature of Witness: _____

(Print)

(Signed)

Date executed: _____