

**Family Liability Waiver and Medical Release
Acknowledgment of Risk and Liability Waiver Agreement**



I have executed this release to the Cornerstone Christian Church 3600 S Banker St
Effingham IL 62401

I undertake this domestic and/or international travel and participation in this program as a voluntary act of service, growth, and learning, knowing that Cornerstone Christian Church cannot protect me from risks which may be encountered during this ministry opportunity. I realize there are natural, mechanical, and environmental conditions and hazards which independently or in combination with my activities may cause a serious accident resulting in death, injury, personal property loss, health conditions, or financial expenses as a result of accident, illness, medical care, political upheaval, terrorism, crime, transportation, or other sources of risks.

I hereby state that I understand these inherent risks and dangers involved with participation in this trip and its associated activities, and acknowledge the existence of risks which are not obvious or predictable, and hereby intend this release to extend to injury or loss which results from both obvious or predictable risks, as well as risks that are unpredictable and not obvious.

In consideration of being permitted to participate in this trip, I, and any legal representatives, heirs and assigns, hereby release, waive, and discharge CCC, its officers, directors, employees, agents, and representatives from any and all liability for any and all loss or damage, and any claim or damages resulting there from, on account of any injury to my person or property, even injury resulting in death, whether caused by negligence of CCC, its officers, directors, employees, agents, and representatives or otherwise while I participate in any activity related to or associated with participation in the aforementioned trip and educational event, whether caused by negligence of CCC or otherwise. I agree to indemnify CCC, its officers, directors, employees, agents, and representatives from any loss, liability, damage, or cost that may be incurred due to my presence or participation in the aforementioned trip and educational event, whether caused by negligence of CCC or otherwise.

This release contains the entire agreement between and among the parties hereto, and the terms of this release are contractual and not a mere recital.

The parties to this release hereby agree that the interpretation and enforceability of this release shall be governed by the laws of the state in which the regional CCC office that is sponsoring or coordinating the program or activity is located.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by applicable laws, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Liability Waiver and Medical Release

I HAVE CAREFULLY READ CORNERSTONE CHRISTIAN CHURCH'S *ACKNOWLEDGEMENT OF RISK AND LIABILITY WAIVER AGREEMENT* AND UNDERSTAND AND ACCEPT THE TERMS OF THIS AGREEMENT. I SIGN THIS RELEASE VOLUNTARILY AS MY OWN FREE ACT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, INTENDING TO BE LEGALLY BOUND THEREBY.

Mission Trip

Trip Dates

Father (if a Participant)

Date

Mother (if a Participant)

Date

Minor Participant

Date

Minor Participant

Date

Minor Participant

Date

Adult/Guardian's Signature

Date

Family Address

Phone

Medical Information

Emergency Contact Name

Relationship

Emergency Cell Phone

Emergency Home Phone

Insurance Company

Group or ID#

Insurance Phone #

Policy Holder Name

Any current medical conditions and medications taken

Any known allergies or reactions to medications

Release to Publish Photos & Comments

I grant permission for Cornerstone Christian Church to post on-line any articles, comments I share, or photos taken of me while on a Mission Trip with Cornerstone Christian Church.

Adult/Guardian's Signature

Date

Notarization of Signature(s)

The foregoing instrument was acknowledged before me on _____ by _____
Date Person with form

State

County

Notary Public's Signature

Date my Commission Expires