



604 Columbia Street, Suite 400, New Westminster, BC, V3M 1A5

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## **WAIVER FORM**

I, \_\_\_\_\_, have freely requested to be allowed to participate on a Discipleship International Ministries Short-term Mission Project in \_\_\_\_\_. I understand that there may be risks involved among other things: change in political situation, different and primitive physical and health facilities, uncertain transportation and communication facilities, and the possibility of acts of terrorism. I personally assume these risks to the maximum extent possible.

In exchange for the privilege of participating in the Short-term Mission Project described and proclaiming of the gospel in the above named area, I agree as follows:

1. I hereby release Discipleship International Ministries and its affiliates and the employees and associates staff of Discipleship International Ministries and its affiliates from any and all liabilities and expenses in connection with any personal injury or property damage which may be sustained by me or as a result of my participation in the Short-term Mission Project described above or in connection with my traveling to or from the Short-term Mission Project or any activity involving the Short-term Mission Project;
2. **In case of serious accident, illness or death** I give permission to any employee or associates staff or other volunteer of Discipleship International Ministries or its affiliates or any authorized representative thereof to seek any special medical attention deemed necessary by such individual for me and I hereby release and waive as against Discipleship International Ministries and its affiliates or their authorized representatives from any responsibility or liability in connection with such serious accident or illness or medical treatment administered in connection therewith, and I will further indemnify and save them harmless from any responsibility or liability in connection with such serious accident or illness and the medical care administered in connection there with. In case of my death I release them from being responsible for the care or transportation of my body.
3. I agree to indemnify and save harmless Discipleship International Ministries and its affiliates, their employees and associate staff of all claims, demands, suits or actions [including costs of defending them] against any of them by me or by any person injured or who suffered damage to person or property as a result of my action or in any way arising out of his/her participation in or any aspect of the Short-term Mission Project, including the cost of defending any such suits, actions or claims, and;

4. I will conduct myself in a manner appropriate to a volunteer participant in the Short-term Mission Project and abide by all rules, regulations, orders and directives given to me by Discipleship International Ministries and its affiliates and the employees and associates staff of Discipleship International Ministries and its affiliates in connection with any matter relating to the Short-term Mission Project.

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Participant's Signature

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Participant's Printed Name

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Date Signed

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Short Term Mission Name

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Start Date

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End Date

<p>* If you are not of legal age, you must also submit a Waiver Form signed by a parent or legal guardian.</p>
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### **PARENT OR LEGAL GUARDIAN WAIVER FROM**

I, \_\_\_\_\_, have freely requested to be allowed to participate on a Discipleship International Ministries Short-term Mission Project in \_\_\_\_\_. I understand that there may be risks involved among other things: change in political situation, different and primitive physical and health facilities, uncertain transportation and communication facilities, and the possibility of acts of terrorism. I personally assume these risks to the maximum extent possible.

In exchange for the privilege of participating in the Short-term Mission Project described and proclaiming of the gospel in the above named area, I agree as follows:

1. I hereby release Discipleship International Ministries and its affiliates and the employees and associates staff of Discipleship International Ministries and its affiliates from any and all liabilities and expenses in connection with any personal injury or property damage which may be sustained by me or as a result of my participation in the Short-term Mission Project described above or in connection with my traveling to or from the Short-term Mission Project or any activity involving the Short-term Mission Project;
2. In case of serious accident or illness, I give permission to any employee or associates staff or other volunteer of Discipleship International Ministries or its affiliates or any authorized representative thereof to seek any special medical attention deemed necessary by such individual for \_\_\_\_\_ and I hereby release and waive as against Discipleship International Ministries and its affiliates or their authorized representatives from any responsibility or liability in connection with such serious accident or illness or medical treatment administered in connection therewith, and I will further indemnify and save them harmless from any responsibility or liability in connection with such serious accident or illness and the medical care administered in connection there with. In the case of my death I release them from being responsible for the care or transportation of my body.
3. I agree to indemnify and save harmless Discipleship International Ministries and its affiliates, their employees and associate staff of all claims, demands, suits or actions [including costs of defending them] against any of them by me or \_\_\_\_\_ by any person injured or who suffered damage to person or property as a result of \_\_\_\_\_ action or in any way arising out of his/her participation in or any aspect of the Short-term Mission Project, including the cost of defending any such suits, actions or claims, and;
4. \_\_\_\_\_ will conduct himself/herself in a manner appropriate to a volunteer participant in the Short-term Mission Project and abide by all rules, regulations, orders

and directives given to me by Discipleship International Ministries and its affiliates and the employees and associates staff of Discipleship International Ministries and its affiliates in connection with any matter relating to the Short-term Mission Project.

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Parent or Legal Guardian Signature

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Participant's Printed Name

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Date Signed

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Short Term Mission Name

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Start Date

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End Date



10040 Aintree Crescent, Richmond, BC Canada V7A 3T8

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## **EMERGENCY CONTACT FORM**

As standard procedure, we require the following information from anyone participating in a Discipleship International Short-term Mission Project. [*Note: each spouse must complete a separate form*].

Mission Name: \_\_\_\_\_ Mission Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Is your spouse on this trip? ☐ Yes ☐ No

Your Spouse's Name \_\_\_\_\_

Your Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### **TWO PEOPLE TO CONTACT IN CASE OF EMERGENCY:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Nos. Home: \_\_\_\_\_ Work: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Nos. Home: \_\_\_\_\_ Work: \_\_\_\_\_

Do you have any medical conditions that could potentially become an emergency?

☐ Yes ☐ No

Condition(s), if applicable

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Medication you are currently taking

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Physician's Name:

Office Address:

Contact Phone Nos.:

Provincial Health Plan  
No.:

Extended Medical Plan  
No.:

Blood Type:

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FOR INTERNATIONAL MISSIONS ONLY

Passport No. \_\_\_\_\_

Country of Issue: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* We recommend that you arrange for extra medical coverage, especially if traveling abroad