



PART I

Short-term Missions Trip – Liability Waiver

In signing this form, I, _____ agree not to hold **Going Global**, its officers, employees, or agents liable for any injury, loss, damage, or accident that I might encounter while on any **Going Global** sponsored mission trips.

I realize and acknowledge that my participation on a mission trip whether domestic or foreign includes some inherent risks and possible dangers. I am well aware that my travel, particularly, to a foreign country exposes me to such risks as accidents, disease, war, political unrest, injury from construction projects, and other calamities.

I hereby assume any such risks that might result from my participation and I unconditionally agree to hold **Going Global**, its officers, employees, or other agents harmless for any liability concerning my personal health and well-being, or any liability for my personal property that might be lost, damaged, or stolen while on a mission trip.

I certify that I am eighteen (18) years of age or older, or the parent/ guardian of the participant if under eighteen years of age, and this Liability Waiver is binding on me and my executor, administrators, and heirs.

The parties to this Liability Waiver agree that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8).

Notarization of Liability Waiver

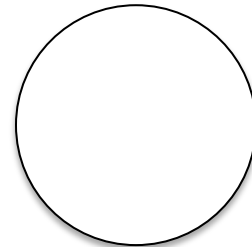
To be completed by Notary Public

Participant Signature: _____

Date: ____ / ____ / ____

Signature of Spouse (if not accompanying): _____

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



(Notary Seal)

State of, _____ County, _____ On the day of _____, 20____ before me, the undersigned, a Notary Public in and for said State, personally appeared _____ known to me to be the person/(s) who executed the above release, and acknowledged that voluntary executed the same.

Notary Public in and for said State: _____

Date of expiration of Notary Commission: ____ / ____ / ____

PART II

MEDICAL RELEASE FORM

I, _____ authorize _____ or _____ or _____ in the previously written order, to act on my behalf should I be unable to do so and to consent to all medical care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery, or other procedures for my medical well-being for the duration of the trip identified below.

Date of Trip: ____ / ____ / ____

Participant's Physician _____ Telephone (____) ____ - _____

Allergies and Medications _____
(Add any additional medical information on back of this form.)

I acknowledge that I am personally responsible for all expenses related to medical care.

Signature of Participant _____

Birthday ____ / ____ / ____

Date ____ / ____ / ____

Signature of Parent/Guardian (if participant is under 18 years old):

Date ____ / ____ / ____

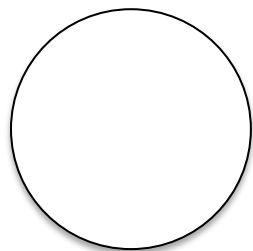
***Attach a copy of the front and back of your insurance card.*

Notarization of Medical Release Form

To be completed by Notary Public

STATE OF _____ COUNTY OF _____ On this _____ day of _____, _____ year, before me personally appeared _____ to me known to be the same person described in the who executed with within instrument, and who acknowledged the same to be the free act and deed thereof, _____ Notary Public _____ County _____ State

My Commission Expires ____ / ____ / ____



(Notary Seal)



PART III

Emergency Contact Information

Contact #1

Name: _____

Home Phone Number (____) ____ - _____

Cell Phone Number (____) ____ - _____

Work Phone Number (____) ____ - _____

Email _____

Address _____

Contact #2

Name: _____

Home Phone Number (____) ____ - _____

Cell Phone Number (____) ____ - _____

Work Phone Number (____) ____ - _____

Email _____

Address _____

Contact #3

Name: _____

Home Phone Number (____) ____ - _____

Cell Phone Number (____) ____ - _____

Work Phone Number (____) ____ - _____

Email _____

Address _____

(Please attach a copy of the informational page from your passport to these forms)