

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).

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent/Guardian : \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(if Participant is under 18 years of age)*

**Notarization of Liability Waiver**  
*To be completed by the Notary Public*

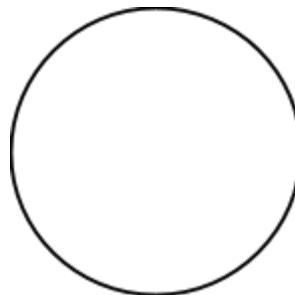
STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ On this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_  
*Month Year First & Last Name of Participant*

to me known to be the same person who executed the above release, and who acknowledged the same to be the

free act and deed thereof, \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
*Signature of Notarial Officer*

My Commission Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_



(Notary Seal)

I, \_\_\_\_\_ authorize \_\_\_\_\_  
*Participant Name* *Going Global Trip Leader*

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.

**I/We Approve the Following Travel Plans:**

Dates of Travel: \_\_\_\_\_ Destination/City & Country: \_\_\_\_\_

I authorize the team leader to make any changes to the travel plans specified above as circumstances dictate.

Participant's Physician: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Insurance Company & Phone: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies/Medical Conditions/ Medications \_\_\_\_\_

Participant DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ **\*\*Attach a copy of the front and back of your insurance card\*\***

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

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent/Guardian : \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(if Participant is under 18 years of age)*

**Notarization of Medical Release Form**

*To be completed by the Notary Public*

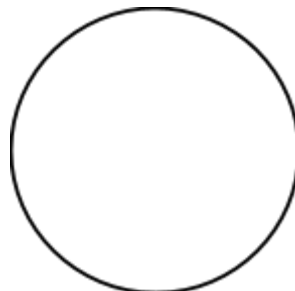
STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ On this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_  
*Month* *Year* *First & Last Name of Participant*

to me known to be the same person who executed the above release, and who acknowledged the same to be the

free act and deed thereof, \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
*Signature of Notarial Officer*

My Commission Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_



(Notary Seal)

**Contact # 1**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

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

**Contact # 2**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

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

**Contact # 3**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

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