

MPACT Missions, Inc.
Adult Medical Release & Liability Form
To be completed by the participating adult 18 years and older.

I _____, the Adult Participant, desire to work as a participant for the MPACT Missions assigned to me and will engage in the activities relating to being a participant member of an MPACT work team. I understand that the activities may include, but are not limited to traveling to and from the host church, consuming food and drink and living in accommodations available and provided in the host town/city, working on home construction, repair, painting, yard work, and other related activities, including heavy work and labor.

I hereby freely and voluntarily, without duress, execute this release under the following terms:

I (as stated above), the participant, release and forever discharge and hold harmless MPACT Missions, Inc. and all other participants in the mission trip from any and all liability, claims, and demands of whatever kind and nature, either in law or in equity, which arise or may hereafter arise from my involvement in MPACT Missions, Inc. I understand and acknowledge that this release discharges MPACT Missions, Inc. from any liability or claim that I, the Participant, may have against MPACT Missions, Inc. with respect to any bodily injury, illness, death, or property damage that may result from my participation with the MPACT Trip. Further, I agree to indemnify and reimburse MPACT Missions, Inc. and/or any other agents (adult leaders, volunteers, participating churches, etc...) the full amount of expenses incurred in the treatment of myself due to an accident or illness in which I am involved.

Assumption of Risk: I understand that my time on the mission trip may include activities that may be hazardous to me, including, but not limited to construction, painting, yard work, loading and unloading of heavy materials, and/or transporting supplies/teams to and from the work sites. I recognize and understand that my time on the mission trip may, in some situations, involve inherently dangerous activities. I am aware that MPACT Missions, Inc. has made every reasonable attempt to insure the safety of all participants through defined guidelines and safety procedures, all of which have been supplied to me. In addition, I acknowledge that I have been fully informed of the risks and dangers inherent in the activities I will be engaging in during the MPACT mission trip.

I assume all responsibility for all my conduct and actions during MPACT, and agree to hold harmless and indemnify MPACT Missions, Inc., all of its officers, adult leaders, participants, and all work team participants, including adult team leaders, for any claims, demands, or liability whatsoever incurred or sustained by MPACT as the result of my conduct or actions during the mission trip. I agree to follow the guidelines, expectations, and dress code set up by MPACT Missions, Inc. I understand that a failure to comply with the expectations, guidelines, and dress code can result in an early trip home (dismissal) at my expense.

I agree to conduct myself in such a way that reflects Godly, Christian Conduct upon this group which I represent.

I certify that the information I have given on the Medical Information Form (attached hereto) is correct, and that I have read and understand this agreement.

Participant's SIGNATURE _____ Date _____

A duplicate copy of this agreement shall be as effective as the original.

Form 301-AMR

Church Name: _____ Sponsor's Name: _____ Team# _____

MEDICAL INFORMATION

NAME		DOB	AGE	SEX
ADDRESS		CITY	ST	ZIP
PHONE	SS#	DL#	CHECK if in College: ()	
INTERN? Yes or No	If Yes, with what church?		EMAIL ADDRESS	
INSURANCE COMPANY		CLAIMS PHONE #		
TYPE OF COVERAGE		POLICY #		
PLAN		ID #		
GROUP		GROUP #		
DOCTOR		TELEPHONE		
OFFICE ADDRESS		CITY		
NAME OF EMERGENCY CONTACT				
ADDRESS		CITY		
TELEPHONE		RELATION		
KNOWN ALLERGIES (including food & drugs)				
EXISTING MEDICAL CONDITIONS				
DATE OF LAST TETANUS SHOT		OTHER INFO		
PRESCRIPTIONS OR MEDICATION (taken on an on-going basis)				