

1MISSION

We're a community development organization giving people in poverty the opportunity to earn a home by serving their community.

Only one form per participant or family is required. Please read and complete each page.

Group/Church Name _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date of Birth _____

Email _____

Trip Date _____

List names and birth dates of other family members traveling with you:

Name	Relationship	M/F	Birthdate	Email

Employer _____

Are you a medical professional? _____ Profession? _____

Are you a Spanish speaker? _____

IN CASE OF EMERGENCY CONTACT:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Other Information _____

RELEASE OF LIABILITY/CONSENT

INTRODUCTION

THIS IS A RELEASE OF LIABILITY. BY SIGNING BELOW, I AM AGREEING TO RELEASE 1MISSION, AND OTHER PARTIES FROM LIABILITY. I HAVE THEREFORE BEEN ADVISED TO READ THIS DOCUMENT CAREFULLY AND UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING.

It is my understanding that participation in this short-term mission trip (trip) sponsored by 1Mission to **Puerto Peñasco (Rocky Point), Mexico (destination)** is a privilege. In consideration for the privilege of participating in this trip, I am signing this Release of Liability (Release). I acknowledge that my participation in this trip may involve certain risks of physical injury, illness, or death, including risks of which I may not presently be aware, and I hereby agree to assume such risks.

Liability Release

I hereby agree to release and hold harmless 1MISSION, members of its Board of Directors, and its officers, employees, members, volunteers, and agents (collectively, the Release Parties), and to discharge and waive any and all claims, demands, losses, damages, and liabilities with respect to any and all property damage, personal injury, and/or death arising from my participation in this trip. The foregoing sentence shall apply (without limitation) to all claims, demands, losses, damages, and liabilities described therein, whether known or unknown, foreseen or unforeseen, future or contingent, except claims, demands, losses, damages, and liabilities arising out of the sole and exclusive gross negligence or willful misconduct of one or more of the Release Parties. I further covenant not to sue any of the Released Parties in connection with any of the claims, demands, losses, damages, or liabilities described above. I further agree to indemnify, save, and hold harmless the Released Parties from any and all claims, demands, losses, damages, and liabilities for indemnities, contribution or otherwise, with respect to any and all property damage, personal injury, and/or death arising from my participation in this trip, as may be asserted by a third party (defined as any party other than the Release Parties or me), except to the extent such a claim might be based upon the sole and exclusive gross negligence or willful misconduct of one or more of the Released Parties.

Medical Release

I hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of my participation. I hereby grant permission to 1Mission personnel to administer first aid and to arrange for medical care and treatment in case of a medical emergency. In the event my emergency contact cannot be reached by phone, I authorize 1Mission to give consent to a physician and/or hospital for emergency medical or surgical treatment while attending this short-term mission trip. I grant permission to the physician selected by 1Mission personnel to examine, diagnose, and treat or secure proper treatment for me, as the physician shall determine what is proper and necessary under the circumstances. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Media Release

In consideration of my participation on this Mission Trip, I hereby irrevocably consent to and authorize the use, publication, transmission and reproduction of my name, likeness and image, on any and all media worldwide, by 1Mission, or anyone authorized by or acting on behalf of 1Mission, for promotions, fundraising, advertising, marketing and/or public relation purposes.

Indemnification

I expressly waive any defense to the enforcement of any provision of this Release arising from a claim of lack of consideration. In the event that any provision of this Release is determined to be invalid or unenforceable, the remainder of the provision shall remain in full force and effect as if this Release had been executed with the invalid provision eliminated. I understand and agree that this Release is intended to be as broad and inclusive as permitted under applicable law. The undertakings and covenants of this Release shall be binding upon me, my family, my heirs, next of kin, legal representatives, beneficiaries, successors, and assigns. This Release shall be interpreted in accordance with the laws of the State of Arizona. The terms of this Release are contractually binding and are not a mere recital. This Release shall be effective and binding upon me.

I have read this Release and understand its terms. I further represent that I am at least eighteen (18) years of age and am not a minor in my State of residence or, if I am a minor in such State, that my parent or my legal guardian have signed this form in the "Consent" section below, acknowledging this Release and accepting its terms on my behalf. A photocopy of this Release shall be as valid and may be accepted as the original.

1MISSION

We're a community development organization giving people in poverty the opportunity to earn a home by serving their community.

Signature of each participant 18 years and older:

Participant Signature: _____ Date: _____

Print Name: _____

Participant Signature: _____ Date: _____

Print Name: _____

Signature of each participant under 18 years:

Participant Signature: _____ Date: _____

Print Name: _____

Participant Signature: _____ Date: _____

Print Name: _____

Parent Signature: _____ Date: _____

Print Name: _____