

Mission Trip Medical Release & Limitation of Liability



Please Read, Sign & Return

To 8050 Precinct Line Rd Colleyville TX 76034 or Fax 817.498.2696

Completed and signed form must be on file with SMP no later than first day of mission trip.

Medical Release & Limitation of Responsibility

Medical Information

It is the responsibility of the team member to advise Strategic Mission Partners (SMP) of any medical problems. There are no compulsory health precautions necessary for this ministry. However, we suggest you check with your personal physician and your local health department for additional information and recommendation regarding your specific needs.

I do hereby verify that the information above is correct and grant permission to SMP to obtain medical attention in case of sickness or injury. I hereby grant permission for an attending physician or hospital to perform to perform whatever care deemed necessary by SMP for my welfare until SMP is able to reach my designated emergency contact.

Liability for Loss, Injury or Illness

SMP cannot be responsible for liability for loss, damage, or theft of personal baggage, nor can they be liable for personal injury, accident, or illness. Insurance is provided for each team member as part of the total cost of the ministry package.

SMP is not responsible for delays in travel or loss of personal property; strikes; armed conflict; or additional expenses due to weather disruption of planned schedules, refusal of visas, or other cases beyond their control. Furthermore, as common carriers the liability of the operators of airlines, busses, and trains toward their passengers will be limited by the laws of the country/countries in which they operate and the passage contract in use by such carriers, which issued, shall constitute the sole contract between those carriers and the passengers.

SMP of Colleyville, Texas, acts only as an agent for the ministry event in which you will be involved. They exercise every care possible but cannot be held responsible for personal injury in connection with the service of any airplane, train, automobile, bus, or other conveyance, which is used during the ministry and/or any activities, related to the ministry event itself.

I also hereby release, absolve, indemnify, hold harmless, and forever discharge SMP, the organizers, sponsors, and supervisors from any and all claims, demands, actions, or cause of actions, past, present, or future arising out of injury or damage while participating on this SMP mission trip. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of injury, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting me to and from the activities. I agree to provide medical insurance for myself.

Upon payment of a deposit, the depositor acknowledges that he/she has read and understands the above terms and conditions, and agrees to abide by them.

Print Name Here

Signature

Date

Notary

On this _____ day of _____, 20____, _____ personally
(Name of Missionary)

appeared before me in _____ County, in the state of _____, and in my presence

executed the within and foregoing permission and release form.

Witness my hand and official seal this _____ day of _____, 20_____

My commission expires _____ Signature of Notary Public _____