

# PARTICIPANT AGREEMENT

## ACKNOWLEDGEMENT OF RISK

I understand and acknowledge that there are risks involved in participating in a mission trip and hereby assume all risk of injury, harm, damage, and death and it is solely my duty to ascertain the existence of risks and hazards to my person and property in consideration of the opportunity to participate in the Vertical Church short-term mission trip. I understand and agree that neither Vertical Church nor its trustees, officers, directors, employees, or representatives may be held liable in any way for injury, harm, damage or death that may occur to me as a result of my participation in this mission trip and hereby release Vertical Church, its trustees, officers, directors, employees, and representatives from any injury, harm, damage, or death, which may occur while I am participating in the short-term missions trip. To the fullest extent permitted by law, I agree to save and hold harmless Vertical Church, its trustees, directors, employees, and representatives from any claim by myself, my estate, heirs, successors or other persons arising out of my participation in this mission trip.

## MEDICAL AUTHORIZATION

I authorize Vertical Church, through its officers, directors, employees, or representatives, to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm, or accident occur to me while participating in this mission trip. I understand and acknowledge that Vertical Church does not provide health or medical insurance in connection with the mission trip, and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency treatment and/or transportation to a medical facility. I understand it is solely my responsibility to ascertain any essential vaccinations necessary to obtain the applicable visa or maintain my physical health. I understand it is my responsibility to consult my physician pertaining to my ability to travel.

## PHOTO USE AUTHORIZATION

I authorize the use and storage of my name and/or image, by means of digital or film photography, video photography, audio recording, or other documentation, with respect to the trip; as well as the use of any stored data including name and image in printed publications, electronic publications, and/or websites created.

I, \_\_\_\_\_ (full name), have carefully read and understand the scope of this waiver and authorization. I voluntarily sign it, understanding it is a legal and binding document. If I am signing on behalf of a minor child, I warrant that I am the legal parent or guardian of the child and have the legal authority to sign on behalf of the child.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Passport Number\_\_\_\_\_