



RELEASE OF LIABILITY AND AUTHORIZATION FOR TREATMENT

I realize that there are hazards associated with this trip, and I am fully assuming these risks, which include, but are not limited to: hazardous travel, poorly constructed roads, dangers resulting from military or political activities, sickness, disease, inadequate health care, kidnapping, arbitrary imprisonment, personal injury, property damage, financial damage, and all other unforeseen risks. I specifically release Benjamin House, its personnel, its board, and its agent from any and all claim of negligence.

I hereby further acknowledge my responsibility to provide my own insurance coverage of any and all types, including but not limited to, medical, hospitalization, life, disability, lost baggage, lost or stolen personal property, and any and all other insurance which I may need or desire. I also hereby release Benjamin House, its personnel, its board, and its agents from responsibility to provide insurance coverage of any and all types. I hereby further authorize the leadership of Benjamin House to make essential decisions on my behalf with respect to medical treatment, emergency surgery, or hospitalization, should such be necessary. However, Benjamin House shall in no way be responsible or liable for payment of any and all bills for such medical treatment. I assume the full responsibility for any and all medical bills incurred during or in relation to this mission trip.

I further agree wholeheartedly to abide by decisions made by leaders and those in authority on this trip and by all guidelines, policies, and rules pertaining to this trip. I have read and I am in full agreement with this release and waiver, and fully understand that I am: waiving any rights I may have to litigate and sue, accepting full responsibility for all insurance, all medical costs, and all risks related to this trip; authorizing Benjamin House leaders to make medical decisions, if necessary; and agreeing to read and abide by all guidelines, policies, rules, and leadership decisions pertaining to this mission trip. I certify that all the information I have given on this form is accurate and true to the best of my knowledge.

Printed Participant's Name

Signature (if participant 18 or older)

Date

Printed Parent's Name (if participant under 18)

Parent Signature (if participant under 18)

Date