



Liability Release and Right of Representation

I, _____, in consideration of my participation on this missions trip to

(Name)

_____, represent and agree that:

(Country)

1. I will be prepared physically, emotionally, mentally, and spiritually for this trip. The scheduling, environment, and foreign country and travel conditions are not adverse to me.
2. I grant to any of the TCCI leaders or their representatives the right to represent me in decisions relating to my welfare or the group welfare during the trip. I will follow the suggestions made on my behalf.
3. I hereby grant any of the TCCI leaders or their representatives my permission to authorize medical treatment and medication on my behalf. I will not hold any of the TCCI leaders or their representatives responsible for the results of such treatment, medications, or decisions made on my behalf.
4. I am aware of the hazards and risks to myself and property associated with this missions trip. I have read the attached U.S. Department Travel Advisory for this country, dated ___/___/____. These risks include, but are not limited to, death or injury by accident, disease, terrorist acts, weather conditions, and inadequate medical services and supplies. I accept these conditions with full awareness, and I assume all risks of death, injury, illness, terrorist assaults, and personal property loss or damage associated with such risks.
5. I attest and certify that I am physically fit and have no medical condition that would prevent me from performing my assigned duties which may include long hikes, high altitude, heat, and/or limited and infrequent meals. I am aware of the disease risks associated with foreign travel, and I accept these risks.
6. I waive any and all claims for damages against TCCI, TCCI leaders or their representatives, arising from death, injury, illness, inconvenience, or in property damage or loss occurring as a result of this mission trip for any reason including, but not limited to, any negligent act or acts of TCCI, TCCI leaders, or their representatives which may in any way cause death, injury, illness, inconvenience, or property damage or loss to me. I have read this release in its entirety, understand its contents, and agree to them of my own free will.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

STATE OF _____ COUNTY OF _____

On this _____ day of _____, 20_____, before me, a Notary Public in and for said state personally appeared known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposed therein stated.

Notary Public: _____ My commission expires: _____