

# SERVANT'S HEART JAMAICA PARTICIPATION RELEASE

Name:

Address:

City:

St:

Phone:

Zip:

In consideration of being allowed to participate in the trip sponsored by Servant's Heart Jamaica, Inc. and in consideration of the benefits to be derived therefrom, I hereby release Servant's Heart Jamaica, Inc. and its present and former trustees, officers, directors, employees, agents, and their heirs, administrators, executors, successors, and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with my participation in the trip. I recognize that the conditions in some of the places to which I or my child will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks as well as other risks to me and my property, and I enter into participation to this trip with knowledge of those risks.

I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damages, arising out of my participation or my child's participation in this trip.

I understand that this Release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses, or liabilities and the consequences thereof, which result from the matters hereinbefore inferred to as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

Photo Release: I give Servant's Heart Jamaica permission to use or share photographs taken of me/child during the project.

I also agree to abide by the cultural restrictions and Servant's Heart Jamaica rules while participating in this trip as lined out in the handbook.

Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles through the Christian Conciliation Service. I certify that I am of lawful age and competent to sign this Release, and have done so voluntarily.

Participants Signature:

Date:

Parent's/Guardian's Signature

Date:

Notary Signature:

Date:

STAMP

Expiration Date:

# SERVANT'S HEART JAMAICA MEDICAL AUTHORIZATION

Name:

Address:

City:

St:

Phone:

Zip:

I recognize that the conditions in some of the places to which I or my child will travel are not of the same standard as the conditions to which I am accustomed. I realize further that there are certain health risks, and I enter into participation to this trip with knowledge of those risks.

In the event of an emergency, I hereby authorize a leader of this activity, as an agent for me, to consent to: any x-ray examination; medical, dental or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect that my family will be contacted as soon as possible.

I certify that I am of lawful age and competent to sign this Release, and have done so voluntarily.

Participants Signature:

Date:

Parent's/Guardian's Signature

Date:

Notary Signature:

Date:

STAMP

Expiration Date: