

**WAIVER, INDEMNIFICATION, AND RELEASE AGREEMENT  
Acceptance of Responsibility and Acknowledgement of Risks**

**PLEASE READ CAREFULLY BEFORE SIGNING.**  
**THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.**

In consideration for my being permitted by ASSOCIATION FOR CHRISTIAN CONFERENCES, TEACHING AND SERVICE ("ACCTS"), including their principals, officers, members, agents, employees, and volunteers, to participate in the activities described herein, including foreign travel, volunteer work, and other activities in connection with ACCTS as part of the short-term mission trip to \_\_\_\_\_, and for the benefits associated with such activities, I agree to the following WAIVER, INDEMNIFICATION, AND RELEASE:

I acknowledge that foreign travel, volunteer work, and other activities I undertake in connection with ACCTS as part of the short-term mission trip to \_\_\_\_\_, have risks, hazards, and dangers for any participant. The risks involved can be the cause of damage to or loss of property, or injury, illness, disease, paralysis, or death. **I UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS INCLUDE, WITHOUT LIMITATION,** risks arising from unsanitary water and food, illness and disease, the unavailability of medical services and treatment (including, without limitation, prescription drugs and other forms of treatment of illness, disease, and injury), political or social unrest or crime (which may delay travel, or cause personal injury or death, or damage to or loss of property), and such other risks, hazards, and dangers that are involved in foreign travel, volunteer work, and the short-term mission trip to \_\_\_\_\_. I acknowledge that the above description of risks is not complete and that there are other risks, hazards, and dangers associated with participating in these activities that may be unknown or unanticipated. Such other risks, hazards, and dangers may result in damage to or loss of property, or injury, illness, disease, paralysis, or death.

I recognize and acknowledge that ACCTS is a charitable, non-profit organization engaged in, inter alia, human services and relief activities. I understand that the presence of principals, officers, members, agents, employees, or volunteers of ACCTS are no assurance of my safety or the lessening of any of these risks. I understand that I have responsibilities as a participant in these activities. No principal, officer, member, agent, employee, volunteer, or other person associated with or acting on behalf of ACCTS has disavowed or contradicted anything in this document, including the statements regarding the existence and nature of the risks involved.

There are no mental or physical problems or limitations associated with my participation in the activities described herein. I am fully capable of participating in these activities. I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITIES PROVIDED BY ACCTS WITH FULL KNOWLEDGE OF THE RISKS, HAZARDS, AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF DAMAGE, LOSS, INJURY, ILLNESS, PARALYSIS, OR DEATH.

I, for myself and my heirs, successors, executors, and subrogors, hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY, AND HOLD HARMLESS ACCTS ("indemnify" meaning protect by reimbursement or payment), their principals, officers, members, agents, employees, and volunteers, with respect to any and all claims, actions, causes of action, liabilities, suits, expenses (including costs and reasonable attorneys' fees) and **NEGLIGENCE OF ANY KIND OR NATURE**, whether foreseen or unforeseen, arising directly or indirectly out of any and all damage, loss, injury, illness, disease, paralysis, or death to me or my property in any way connected with my participation in these activities. I agree that neither I, nor anyone acting on my behalf, will make a claim of any kind against ACCTS as a result of any damage, loss, injury, paralysis, or death to me or my property.

I agree that this document is governed by the laws of the State of Colorado. Further, any suit, legal proceeding, mediation, or arbitration arising out of or relating to my participation in these activities must be filed exclusively in the State of Colorado, and Colorado law shall be determinative. This agreement is intended to be as broad and inclusive as permitted by the laws of the State of Colorado. If any portion of this agreement is held invalid, it is agreed that the remainder shall nevertheless continue in full force and effect.

I understand that this Waiver, Indemnification, and Release Agreement is contractual and binding upon me. I have read this document and understood and agreed to all of its contents before signing it.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

## CONSENT TO TREATMENT

By signing this form I, \_\_\_\_\_, a participant in the ACCTS short-term mission trip to \_\_\_\_\_, do hereby authorize Paul Neu, acting as my agent, to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or other emergency medical treatment and hospital care that is deemed advisable by, and is rendered under the general or special supervision of any licensed physician or surgeon; or to consent to an X-ray examination, anesthetic, dental, or surgical diagnosis or emergency treatment to be rendered to me by any licensed dentist.

It is understood that this authorization is given in advance of any condition that might occur necessitating treatment, but it is given to provide authority and power on the part of Paul Neu to give specific consent to any such examination, anesthetic, diagnosis, treatment, or hospital care that the aforementioned surgeon, physician, and/or dentist, in the exercise of his/her best judgment, may deem advisable. It is also understood that because licensing standards vary between states and nations, the aforementioned surgeon, physician, and/or dentist meet only those qualifications required for licensing in the state or nation where he/she practices.

I hereby authorize any hospital that has provided treatment to me to surrender physical custody of me to Paul Neu upon completion of treatment.

I hereby agree to pay all costs of medical and dental care incurred by Paul Neu on my behalf.

This authority is extended for the \_\_\_\_\_ trip, \_\_\_\_\_, 2010 through \_\_\_\_\_, 2010, inclusive. I also understand that ACCTS cannot be held liable for any accident or injury.

## EMERGENCY INFORMATION

### Insurance:

Insurance Company Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Group Name: \_\_\_\_\_ Group No.: \_\_\_\_\_  
Insured's Name: \_\_\_\_\_ Insured's S.S. No.: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### Participant's Health Information:

Blood Type: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Current Medications and dosage: \_\_\_\_\_  
Circle if applicable: asthma convulsions bleeding disorder diabetes fainting spells heart trouble  
Other medical conditions (specify): \_\_\_\_\_

Initial:

\_\_\_\_\_ I understand that I am responsible for having a current tetanus shot, whether I will be in the U.S. or other parts of the world.

\_\_\_\_\_ I understand that I am responsible for learning what special medications, injections, or vaccinations are necessary or advisable for my trip and for paying the expenses for such medications, injections, and vaccinations.

### Passport Information:

Full name as it appears on your passport/application for passport: \_\_\_\_\_  
Passport No.: \_\_\_\_\_ Country of Issue: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Issue Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Birth Date (mm/dd/yyyy): \_\_\_\_\_