

Student Release of Liability

I hereby grant permission for _____ (name of child) to participate in a missions trip sponsored by Community Bible Church, 4125 Johnson Street, High Point, NC to _____ (destination of trip). In signing this form, I agree that:

1. I am aware of the hazards and risks to my child and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my child's assignment with full awareness of these risks, and, subject to any insurance coverages that may be available to me from any source, and only with respect to my church and its agents, officers, directors and employees, I voluntarily assume all risks of death, injury and illness associated with such risks, and any damage to my child's personal property, and I release my said church and its agents, officers, directors and employees from any liability whatever arising as a result of death, injury or illness that my child may suffer as a result of participation in the missions project. I further recognize that such risks have always been associated with missionary service. (2 Corinthians 11:23-28).
2. I attest and certify that my child has no medical conditions that would prevent him/her from performing his/her duties.
3. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid and binding obligation upon me enforceable against me in accordance with its terms.
4. I am aware of the hazards and risks to my child associated with participation in a short-term missions trip, as described above. I further understand that my church may not have insurance coverage that would apply in the event of my child's death, illness, injury or damage to my child's property that may occur during his/her participation on the trip, and that if I desire insurance coverage I am responsible for the cost of such insurance.
5. I hereby appoint the adult workers on duty to act in the place of the parents to hospitalize and secure medical attention, injections, anesthesia, surgery or other medical procedures. I also assume the responsibility for payment of any such treatment.
6. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

Date _____

Parent's Signature _____

Address _____

City, State and Zip _____

(IMPORTANT: Please have 2 witnesses observe your signature and have them sign below. They must be at least 18 and should not be relatives.)

Witness #1 _____

Address _____

City, State and Zip _____

Witness #2 _____

Address _____

City, State and Zip _____

(The above information was excerpted from the Church Law & Tax Report Executive Update)