

## **Consent & Release of Liability for Participation In Love the Hill**

Participant's Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, will be participating in a short term mission trip/project to Allison Hill and will be apart of Herman International Ministries during the duration of the trip. I recognize that there are risks involved in participating in the mission trip while working with HIM, and hereby assume all risk of injury, harm, damage, or death in connection with my participation in it. I understand and agree that neither HIM nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur as a result of my participation and hereby release Herman International Ministries, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am staying with and/or participating with this ministry. To the fullest extent permitted by law, I agree to save and hold harmless HIM, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the mission trip.

I authorize Herman International through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in the mission trip. I understand and acknowledge that HIM does not provide health or medical insurance in connection with the mission trip and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/ or transportation to a medical facility, in connection with my participation in the mission trip.

I also give HIM the right to use my picture, voice and/or testimony in any form of promotional or advertising materials. My enclosed signature signifies my approval of all limitations listed. My signature insures that all information on this form is completely true and has not been altered in any way.

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_. This agreement will remain valid for any future participation with HIM.

Participant's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Group Name \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_