

**MATTHEWS UNITED METHODIST CHURCH**  
**SHORT-TERM MISSION TRIP RISK**  
**RELEASE FORM**

**TRIP INFORMATION:**

Location of mission trip: \_\_\_\_\_ Dates for mission trip: \_\_\_\_\_  
Nature of mission trip: \_\_\_\_\_  
Name of trip coordinator: \_\_\_\_\_ Telephone: \_\_\_\_\_  
E-mail contact of trip coordinator: \_\_\_\_\_

**PARTICIPANT INFORMATION:**

Name of participant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Best phone contact: \_\_\_\_\_ Email: \_\_\_\_\_  
Name of emergency contact: \_\_\_\_\_ Best phone contact: \_\_\_\_\_  
List any current allergies (including food allergies), illnesses, physical conditions, or medications: \_\_\_\_\_  
\_\_\_\_\_  
Is church authorized to approve medical treatment (Any adult participant of the trip)? Yes No  
Is participant covered by personal/family medical insurance? Yes No  
If yes, name, phone number of insurer: \_\_\_\_\_ Policy of group number: \_\_\_\_\_

**PARTICIPANT AGREEMENT** *(To be completed by participant or by authorized guardian, if participant is a minor):*

I acknowledge that participation in the above trip involves risk to me or my minor child, and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, property damage and financial damage.

In consideration for the opportunity to participate in the above trip, or for my child to participate in the above trip, I acknowledge and accept the risks of injury associated with participation in the trip. I also accept personal financial responsibility for any injury sustained during the trip. Further, I promise to indemnify, defend, and hold harmless Matthews United Methodist Church; The Charlotte District of the UMC; and The Western North Carolina Conference of the UMC; and their agents, employees, volunteers, or any other representative for any injury related directly or indirectly out of the above trip, whether such injury arises out of the negligence of Matthews United Methodist Church or otherwise.

If dispute over this agreement or any claim for damages arises, I agree to first try to resolve the matter through the mediation procedures of the American Arbitration Association or any other mutually acceptable alternative dispute resolution process. If I and Matthews United Methodist Church cannot resolve the matter through mediation, then the dispute will be submitted to a three-member arbitration panel of the American Arbitration for final resolution.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Participant or parent/guardian if participant is a minor*