



MATTHEWS UNITED METHODIST

Mission Trip Participants-Release and Waiver of Liability Form

I, the undersigned, will be participating in a short term mission trip to _____
(hereafter the "mission trip") on or about _____, 20____ to _____,
20____.

I recognize that there are risks involved in participating in the mission trip and hereby assume all risk of injury, harm, damage, or death in connection with my participation in it. I understand and agree that neither **Matthews United Methodist Church** 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 to me as a result of my participation in this mission trip and hereby release **Matthews United Methodist Church**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the mission trip. To the fullest extent permitted by law, I agree to save and hold harmless **Matthews United Methodist Church**, 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 **Matthews United Methodist Church** 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.

IF APPLICABLE:

{I understand and acknowledge that **Matthews United Methodist Church** 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.}

Executed this _____ day of _____, 20____.

Signature _____

Printed Name _____

Witness: _____