

# Liability Release Form



**Volunteer** I understand and agree that I am not an employee, agent, subcontractor or independent contractor of **Allow The Children** ministries. I understand that **Allow The Children** will not provide me with compensation, insurance, worker's compensation benefits or any other benefit of an employee. I am working as a volunteer and agree to forever hold the ministry and its directors harmless against all damages, losses, claims, demands, costs, expenses and liabilities which may be incurred by me or may arise from my activities as a volunteer.

**Travel costs** I understand that the travel costs must be paid by the dates listed in order for me to participate in a trip. I understand that the fees are an **estimate** and additional costs may be incurred due to unforeseen circumstances. I agree to reimburse the ministry if additional costs are incurred for my travel or care or benefit.

**Medical/Injury** I release **Allow The Children** from liability and responsibility for any injury or illness I may incur during this mission trip. In an emergency or urgent situation, the leaders of this trip may authorize medical care for me and consent as necessary on my behalf.

Allergies to medications: \_\_\_\_\_

Medication currently taking: \_\_\_\_\_

Medical history or conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name** (of person on trip) \_\_\_\_\_

**NOTE: Please have a witness sign below regardless of your age**

Date: \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(self if over 18, parent if under 18)

Date: \_\_\_\_\_ **Witness:** \_\_\_\_\_  
( 18 years old or older)

In case of emergency contact: \_\_\_\_\_

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

City State, Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_