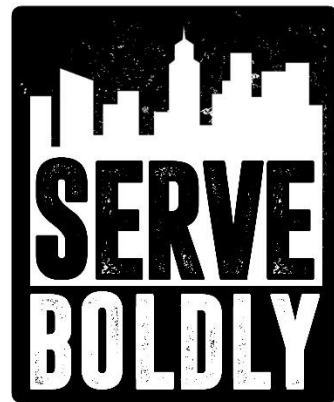


2019 Participant Release Form



Name of Participant: _____

Grade (if student): _____

Church Name/City/State: _____

Location: _____ Dates: _____

Liability Release Agreement

I/we understand that there are inherent risks involved in any mission trip activity, and I/we hereby release Serve Boldly, its staff and volunteer workers from any and all liability due to any injury, loss or damage to person or property that may occur during the course of my/our involvement with the Serve Boldly organization. I/we understand that during the week participants may be photographed or recorded and I authorize and agree to Serve Boldly's unrestricted use, reuse and distribution of images and recording including but without limitation for purposes of promoting and publicizing the mission trip. I/we understand that use of such materials will be without compensation or our/my approval rights any time thereafter.

Transport Home Agreement for Students

I/we, the undersigned, as the parents having legal custody or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a mission trip operated by Serve Boldly, or are of legal consenting age myself. I/we understand that a member of the Serve Boldly staff or an adult leader of our group may need to send a student home as a result of illness, discipline issue or policy violation. I/we understand if the participant named above is dismissed from the mission trip, I/he/she will be transported home at my/our expense. Serve Boldly or an adult leader of our group will attempt to contact the parent or guardian to arrange such transportation.

Medical Release Agreement

I/we the undersigned, as the parents having legal custody, or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a mission trip operated by Serve Boldly, or are of legal consenting age myself. In the event that I/he/she is injured while attending the mission trip and requires the attention of medical personnel, I/we consent to any reasonable medical treatment as deemed necessary by a qualified medical professional. In the event treatment is called for, which a medical professional and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize an adult leader of our group, or a member of the Serve Boldly staff to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to release and hold them harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a medical professional. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force at the time of the mission trip.

Emergency Contact Information

Name: _____

Relationship to Participant: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

2019 Serve Boldly Participant Release Form

I understand and acknowledge that participation in a Serve Boldly mission trip is contingent upon compliance with all the policies stated on the previous page: Liability Release, Transport Home and Medical Release. In addition, I/we have reviewed the Serve Boldly Appropriate Behavior Policy and agree to comply and abide by this policy on the Serve Boldly mission trip.

Participant - Minor Print Name: _____

Signature: _____ Date: _____

Parent/Guardian (1) Print Name: _____

Signature: _____ Date: _____

Parent/Guardian (2) Print Name: _____

Signature: _____ Date: _____

----- OR -----

Adult Participant Print Name: _____

Signature: _____ Date: _____

In compliance with HIPAA privacy laws, the section below will be detached and disposed of after completion of your trip.

Medical Information

Participant Name: _____ Date of Birth: ____/____/____

Home Address: _____ Phone: _____

Date of Last Tetanus Shot: _____ Known Allergies: _____

Current Medications or Health Conditions: _____

Food or Diet Concerns: _____

Insurance Information

Name of health insurance company: _____

Health insurance group number: _____ Health insurance policy number: _____

Phone/address of health insurance company: _____

Name of policy holder: _____

Policy holder's phone number: _____

****Please attach a copy of your insurance card with this form. It will be destroyed at the completion of the trip.***

**Participants without health insurance are still able to attend, understanding the risks and personal liability to any and all medical payments.*