

# Emergency Release and Right of Representation



I, \_\_\_\_\_, in consideration of my participation on this mission trip to \_\_\_\_\_ hereby represent and agree that:

1. I am/my child is prepared physically, emotionally, mentally and spiritually for this mission trip. The scheduling, environment and other foreign country and travel conditions are not adverse to me. I will be flexible and have a servant attitude.
2. I understand the administrative role that **Heritage Church** plays in putting together our mission trip.
3. I hereby grant any of the **Heritage Church leaders** my permission to authorize medical treatment and medication on my behalf. I will not hold any of the Heritage Church leaders or their contracted agents responsible for the results of such treatment, medications or decisions made on my behalf.
4. I am aware of the hazards and risks to myself/my child's/my spouse's associated with this mission trip. I have read the **U.S. State Department's Travel Advisory** (if any) for this country. These risks include, but are not limited to, death or injury by accident, disease, terrorist acts, weather conditions, and inadequate medical services and supplies. I accept these conditions with full awareness and I assume all risks of death, injury, illness, terrorist assaults and personal property loss or damage associated with such risks.
5. I attest and certify that I am/my child's/my spouse is physically fit and have no medical conditions that would prevent me from performing my assigned duties which may include long hikes and high heat. I am aware of the disease risks associated with foreign travel and I accept these risks.
6. I for myself am waiving/for my spouse am waiving/I am waiving for my child, any and all claims for damages against **Heritage Church leaders**, arising from death, injury, illness, inconvenience, or in property damage or loss occurring as a result of this mission trip for any reason including but not limited to any negligent act or acts of **Heritage Church leaders or their contracted agents** which may in any way cause death, injury, illness, inconvenience or property damage or loss to me. I have read this release in its entirety, understand its contents and agree to them of my own free will.
7. **Governing Law/Venue:** In accepting service from us then this agreement shall be governed only by the laws of the State of Georgia. Venue for any action hereunder shall be in Colquitt County, of the State of Georgia.

Member/Parent/Guardian Signature: \_\_\_\_\_  
(Parent or Guardian signature required for members under 18 years of age)

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

Date: \_\_\_\_\_