

Mission Trip Waiver Template (International Travel)

Participant Information

Name:

Date of Birth:

Passport Number:

Emergency Contact:

Relationship:

Phone Number:

Waiver and Release of Liability

I, the undersigned participant, acknowledge that participation in the international mission trip organized by [Organization Name] involves inherent risks. I freely and voluntarily accept and assume all such risks, known and unknown, and understand that I am solely responsible for my own safety.

In consideration for being allowed to participate, I hereby, for myself, my heirs, executors, administrators, and assigns, forever waive, release and discharge [Organization Name], its officers, directors, employees, agents, and volunteers from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of any damage, loss or injury to me or my property while participating.

Medical Authorization

I authorize [Organization Name] to secure and consent to any medical treatment deemed necessary for my health and safety, including hospitalization and surgery, in the event of an emergency while I am participating in the mission trip.

I agree to be responsible for any and all medical expenses incurred as a result of accident, illness, or other incapacity during the trip.

Code of Conduct

- I agree to abide by all rules and instructions set forth by [Organization Name] and its representatives.
- I will respect local laws, customs, and cultures, and represent the organization in a positive manner.

- I understand that violation of rules may result in dismissal from the trip at my own expense.

Assumption of Risk

I understand that international travel may involve risks including, but not limited to: accidents, illness, disease, political instability, theft, natural disasters, and acts of terrorism. I freely assume all such risks, both known and unknown, and take full responsibility for my participation.

Photo/Media Release

I grant permission to [Organization Name] to use photographs, video, and testimonials of my participation for promotional or informational purposes without compensation or further approval.

Participant Signature:

Date: _____

Parent/Guardian Signature (If Under 18):

Date: _____