ACKNOWLEDGMENT AND RELEASE FORM

I,
I acknowledge and agree that my participation in a mission project involves certain inherent risks and dangers that may result in serious bodily injury, disability, or death, regardless of the precautions taken and I FULLY ASSUME THE RISKS ASSOCIATED WITH SUCH PARTICIPATION, including, but not limited to, travel accidents while traveling to, from, or during a mission project, inclement weather conditions, diseases, illnesses, or infirmities caused by or related to the ingestion of food or drink, insect bites, or otherwise suffered during the course of a mission project, intentional or negligent acts of third parties, war, acts by any governmental authority, riots, natural disasters, or the negligence of the Releasees identified below. I FURTHER ACKNOWLEDGE AND AGREE THAT THERE MAY BE OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES NOT READILY FORSEEABLE AT THIS TIME AND I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND RESPONSIBILITY FOR ANY RESULTING LOSS, COST, OR DAMAGE I MAY INCUR.
In recognition of the forgoing, I hereby voluntarily release, discharge, and indemnify any and all members of the Arms of Jesus for Children's Mission, without limitation, their representatives, employees, agents, advisors, officers, directors, administrators, leaders, event sponsors, and the other participants (the "Releasees"), from any and all liability to me, my personal representatives, assigns, and heirs, for all claims, costs, damages, and causes of action arising out of, or related to, any property damage or personal injury, including death, related to or resulting from my involvement in such activities planned, coordinated, or otherwise facilitated by the Releasees, including any negligent rescue operations.
I further acknowledge that not all possible situations, events, and risks can be controlled, foreseen, or expressed in this Release, and I hereby give my permission to representatives of the Arms of Jesus for Children's Mission to act on any medically related decision and treatment, including but not limited to, having me admitted to a medical treatment facility and authorizing emergency surgery or medical treatment, and I agree to assume all costs and medical bills associated with or incurred attendant thereto.
I agree, for myself and my successors, that the above representations are contractually binding and are not mere recitals, and that should I or my successors assert a claim in contravention of this Release, the Releasees shall be entitled to recover all expenses (including reasonable attorney fees) incurred by the Releasees in defending said claim, unless a Releasee is finally adjudged liable on such claim for willful and wanton action.
I HAVE READ AND UNDERSTAND THIS ACKOWLEDGMENT AND RELEASE FORM AND SIGN IT VOLUNTARILY.
Date:
Printed Name:
Address:
A signature from both parents/guardians must be present if applicant is under 18 Father
Mother