

MISSION TRIP PARTICIPANTS
ASSUMPTION OF RISK/WAIVER AND RELEASE FROM LIABILITY FORM

I, _____ in consideration of my acceptance to participate in a short-term Missions Trip (“Mission Trip”) on or about _____, 20__ to _____, 20__ with **Alaska Christian College**, represent and agree that:

1. I am not an employee of **Alaska Christian College**.
2. I am aware of the hazards and risks to my person and property associated with my participation in a Mission Trip, such hazards and risks including, but not limited to, death or injury by accident, disease, weather conditions, inadequate medical services or supplies, criminal activity, and random acts of violence. I accept my participation with full awareness of these risks, and, subject to any insurance coverages that may be available to me from any source, and only with respect to **Alaska Christian College** and its agents, officers, directors, and employees, I **voluntarily** assume all risk of death, injury, and illness associated with such risks, and any damage to my personal property, and I release **Alaska Christian College** and its agents, officers, directors and employees from any liability whatever arising as a result of death, injury, or illness that I may suffer as a result of participation in activities with **Alaska Christian College**. I further recognize that such risks have always been associated with mission service. 2 Cor. 11:23-28
3. I understand that it is my responsibility to obtain all the necessary and recommended vaccinations for a mission trip of this type.
4. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
5. I attest and certify that I have major medical insurance.
6. I also understand that my major medical insurance will provide insurance coverage in the event of an injury requiring medical services. I further understand that it is my responsibility to determine if my major medical insurance provides adequate insurance for my needs. If I desire additional insurance, it is my responsibility to purchase that additional insurance.
7. I expressly waive a defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
8. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT, THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.**

Signed: _____ (If Parent, on behalf of minor) Date: _____

Printed Name: _____ Name of minor if applicable: _____

Address: _____ City: _____

State: _____ Zip: _____

IMPORTANT: Please have two (2) witnesses observe your signature and have them sign below. They must be at least 18 and should not be relatives.

Witness: _____ Witness: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____