

St. Luke's Church  
50 Pope Ave  
Hilton Head Island, SC 29928

Mission Trip to: Honduras

### **CONSENT AND LIABILITY RELEASE AND INDEMNIFICATION**

You have chosen to participate in a mission trip to Tanzania and you could be subject to personal injury.

To participate in this activity, sign and have your parent or legal guardian (if you are under 18 years of age) sign this form to release and indemnify St. Luke's Church (St. Luke's) and all leaders and other organizations involved in this mission trip from liability.

In consideration of being permitted to participate in this mission trip and intending to be legally bound, I, \_\_\_\_\_, for myself, my legal guardian, my personal representatives, heirs and next of kin:

1. Hereby release, waive, discharge and covenant not to sue St. Luke's, all leaders, and organizations associated with St. Luke's in this mission trip from any and all claims and/or legal liability that I, my legal guardian, my personal representatives, heirs and next of kin may have against St. Luke's, all leaders and other organizations involved in this mission trip, for any and all losses or damages and any claim or demands thereof on account of injury to my person or property, including my death, arising out of this mission trip, including any negligence of St. Luke's and any leaders and organizations involved. Further, I hereby release, waive, discharge and covenant not to sue St. Luke's and individuals or other organizations associated with St. Luke's in the mission trip for any claims, including, BUT NOT LIMITED TO, sickness, injury or death that may result from hazardous traffic, poorly constructed roads, dangers resulting from military or political problems, sickness or disease.
2. Hereby agree to indemnify and to hold harmless St. Luke's and any of the individuals and other organizations associated with St. Luke's in this mission trip from any claims or liability arising out of my participation in this mission trip as additional consideration.
3. Hereby authorize St. Luke's and its leaders to make essential decisions on my behalf regarding medical treatment, emergency surgery or hospitalization should such medical treatment be necessary and should all reasonable and practical efforts fail in first contacting members of my family and responsible leaders on my visiting missions team.
4. Hereby agree to NOT hold St. Luke's, any individuals or other organizations associated with St. Luke's in this mission trip responsible or liable for the payment of any medical bills incurred as a result of this mission trip.

5. Hereby agree that in the event that I die while on this mission trip that I, my estate, my legal guardian, my personal representatives, heirs and next of kin, will assume complete responsibility for the total cost of shipping my body.
6. **Hereby agree to read and abide by the rules, regulations and guidelines set forth in the St. Luke's training manuals, and or team meetings, and to abide by all decisions made by leaders and those in authority. If not in conformity with the rules, regulations, and guidelines, it is understood that I may be sent home early at my own expense.**
7. Hereby agree that in the event that I do make a claim, I, my legal guardian, my personal representatives, heirs and next of kin shall pay all legal fees and costs incurred by St. Luke's, and all individuals and organizations associated with St. Luke's in this mission trip to defend against such claims.
8. Hereby assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to the mission trip, including any acts of negligence or otherwise.

I HAVE READ THIS CONSENT AND LIABILITY RELEASE AND INDEMNIFICATION AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I MAY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Date: \_\_\_\_\_ Signature for Waiver: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING IF PARTICIPANT IS UNDER EIGHTEEN (18) YEARS OLD:**

Name of Legal Guardian: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Date Term Expires: \_\_\_\_\_

Seal:

