

Inbound Mission Trip Name: _____ Dates: _____ to _____

PRESBYTERY OF DETROIT - GENERAL RELEASE, INDEMNIFICATION AGREEMENT AND AUTHORIZATION FOR MEDICAL TREATMENT - Page 1 (TO BE GIVEN TO POD OFFICIALS)

Participant Name: _____ Sponsoring Organization: _____

Address: _____

City/State/Zip: _____

Telephone: (Cell) _____ (Day/Evening) _____

In consideration of the opportunity provided to me to participate in the POD (as defined below) and any services, housing, food, and the like provided by POD (as defined below), I, Participant, hereby understand and agree that the Presbytery of Detroit (POD), all synods, presbyteries, and local churches and their corporations and related entities, their staff, volunteers, directors, officers, agents, elders, deacons, representatives, successors, assigns and entities (hereinafter collectively referred to as "**POD**") will not be responsible in any way whatsoever for loss, damage, or injury of any kind or in any manner resulting from or in connection with my participation in the program described as follows:
_____ Inbound Mission Trip _____

(Hereinafter referred to as "**POD INBOUND MISSION**").

I, Participant, understand and agree that POD does not and cannot guarantee my safety in connection with the POD Inbound Mission. Further, I understand and agree the activities involved with the POD Inbound Mission may include but are not limited to the following: difficult living conditions, risks concerning means of travel, food, water, diseases, pests, poor sanitation, and other health related situations, including potential injury while working. I accept and assume all responsibility for all risks which may occur during, in connection with, or result from my participation in the POD Inbound Mission including, but not limited to, potential injury while working.

RELEASE: With the above in mind and by my signature below, I fully understand, agree and hereby voluntarily release and forever discharge the Presbytery of Detroit. POD shall not be responsible or liable in any way for any accident, loss, death, injury or damage to myself or my property, in connection with my participation in the POD Inbound Mission or any portion of the POD Inbound Mission even if said injury or action is due to the alleged negligence of POD. Further, I do hereby agree to indemnify and hold POD harmless against any and all liabilities, damages, claims, actions or rights of action, suits, judgments and associated costs and expenses (including, without limitation, attorneys' fees) of whatsoever kind in connection with my participation in the POD Inbound Mission or any portion of the POD Inbound Mission. Further, I make this agreement on behalf of my heirs, agents, fiduciaries, successors and assigns. I waive, knowingly and voluntarily, each and every claim or right of action I have now or may have in the future against the POD related to my participation in the POD Inbound Mission, even if any such claim or right of action is caused by POD's alleged negligence. This document does not release POD from gross negligence.

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PRESBYTERY OF DETROIT - GENERAL RELEASE, INDEMNIFICATION AGREEMENT AND AUTHORIZATION FOR MEDICAL TREATMENT - Page 2 (TO BE GIVEN TO POD OFFICIALS)

MEDICAL COVERAGE: I understand and acknowledge that **no medical or other insurance or health care benefits will be provided to me by POD** during my participation in the POD Inbound Mission, and I certify that I have sufficient health, accident and liability insurance or other benefits to cover any bodily injury or property damage I may incur while participation in the POD Inbound Mission and to cover bodily injury or property damage caused to a third party as a result of my participation in the POD Inbound Mission, as follows:

Company _____ Policy # _____

Address _____

MEDICAL RELEASE: I hereby state that I am in good health and have all medications necessary to treat any allergic or chronic conditions, and I am able to administer such medications without assistance. If at any time during my participation in the POD Inbound Mission I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize POD to make emergency medical care decisions on my behalf, and I specifically release POD, in making those emergency medical care decisions, from any and all liability associated with said decisions, even if injury or death is the result of POD's alleged negligence.

Person to be notified in case of injury:

Name _____

Telephone: _____ (evening) _____ (daytime)

Cell Phone: _____

ALL PARTICIPANTS MUST SIGN:

My signature below indicates that I have read this entire two page document, understand it completely, and agree to be bound by its terms.

SIGNATURE OF PARTICIPANT: _____

DATE EXECUTED: _____

SIGNATURES MUST BE WITNESSED:

SIGNATURE OF WITNESS: _____

DATE EXECUTED: _____

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**Presbytery of Detroit
Inbound Mission Trip
Supplemental Medical Information Form**

(TO BE KEPT WITH TRIP COORDINATOR ALONG WITH A COPY OF PAGE 2 OF PRESBYTERY OF DETROIT - GENERAL RELEASE, INDEMNIFICATION AGREEMENT AND AUTHORIZATION FOR MEDICAL TREATMENT)

PURPOSE: This form is not intended to invade your privacy. Its sole purpose is to alert the Trip Leader and medical providers to any condition that might assist in your care in an emergency medical situation. All information on this form will be kept confidential and the form will be kept on file at the presbytery offices at the conclusion of the trip.

Participant Name: _____ Sponsoring Organization: _____

Church _____

Emergency Contact:
Address: _____

City/State/Zip: _____ Contact Number _____

Do you have any physical conditions that could be a health/safety factor at any time during this trip? No _____

Yes _____ If yes, please describe: _____

Are you presently taking prescription medication for any condition described above?

No _____

Yes _____ If yes, please list: _____

Name of primary insurance holder: _____

**Please bring your medical card with you **

I submit this form and attest that the information is true and correct.

Signature

Date