



A WEEK THAT WILL CHANGE
YOUR LIFE FOREVER.

MISSION TRIPS

MISSION TRIP LIABILITY RELEASE

This form must be notarized with signatures of two witnesses. Mail to:

Love A Child Mission Teams
9304 Camden Field Parkway, Riverview, FL 33578 | (813) 621-7263

Note: If this is your first trip, please submit photo and two letters of recommendation, preferably from your Pastor and Employer.

Please Print:

Release of liability executed this _____ Day of _____ 2010,

by _____, of City of _____,
please print your name

County of _____, State of _____, referred to as Releasor.

In consideration of being permitted to participate in missionary activities in Haiti, Releasor, for (himself /herself) and personal representatives, heirs and next of kin, hereby releases, waives, discharges and covenants not to sue LOVE A CHILD, INC., a non-profit corporation organized under the laws of the State of Florida, its officers, employees, directors, and owners, hereafter referred to as Releasees, from all liability to the Releasor, (his/her) personal representatives, assigns, heirs and next of kin for all loss or damage, and any claim or damage therefore, on account of injury to the person or property or resulting in death of the Releasor, whether caused by the negligence of the Releasees or otherwise while the Releasor is participating in missionary activities in Haiti or for any purpose while traveling to, from, or while in Haiti.

Releasor agrees to indemnify the Releasees and each of them from any loss, liability, damage or cost Releasees may incur due to the presence of Releasor while participating in missionary activities in Haiti whether caused by the negligence of the Releasees or otherwise.

Releasor hereby assumes full responsibility for the risk of bodily injury, death or property damage due to the negligence of Releasees or otherwise while traveling to, from, or while in Haiti, or while participating in missionary activities with Releasees in Haiti.

Releasor expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Releasor being of lawful age, in consideration of being permitted to participate in missionary activities in Haiti, does for (himself/herself), (his/her) heirs, executors, administrators and assigns, hereby release and forever discharge LOVE A CHILD, INC., their heirs, administrators, and executors of and from any and every claim, demand, action or right of action, of whatsoever kind or nature, either in law or in equity arising from or by any reason of any bodily injury or personal injuries known or unknown, death and/or property damage resulting or to result from any accident which may occur as a result of participation in missionary activities in Haiti, or any activities in connection with missionary activities in Haiti whether by negligence or not.

Releasor further states that (he/she) has carefully read the above release and knows the contents of the release and signs this release as (his/her) own free act.

Releasor further states that (he/she) is aware that Haiti is the least-developed country in the Western Hemisphere and as such, the United States State Department has issued a travel advisory against travel to Haiti.

Releasor agrees Tampa, Hillsborough County, Florida, is the proper venue for any legal proceedings which should arise concerning this agreement or releasor's participation in missionary activities in Haiti.

This release contains the entire agreement between the parties to this agreement and the terms of this release are contractual and not a mere recital.

Witness Information:

Witness #1 Signature

Witness #2 Signature

Releasor (Participant) Information:

Signature

Social Security Number

Passport Number

Date of Birth

Notary Information:

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 2010 by _____, who signed with a mark in the presence of these witnesses:

Releasor

Notary Public, State of _____

Personally known Produced identification Type produced: _____