

**HOLD HARMLESS, WAIVER OF LIABILITY,  
AND EMERGENCY MEDICAL CARE AUTHORIZATION**

I, \_\_\_\_\_ [Applicant name] am applying for a Short-Term Missions trip on \_\_\_\_\_ [dates] (hereinafter referred to as the "Program"). I, \_\_\_\_\_ [participant name] of \_\_\_\_\_ [address], am in consideration of the opportunity to participate in the Program, and in consideration of other obligations incurred, hereby agree as follows:

1. I fully understand that I may be traveling or staying in areas of the world which may have unstable political, economic and security situations where acts of war, potential danger from lack of control over local population, terrorism or violence could occur at any time.
2. I fully understand that I may encounter difficult climates and living conditions; that risks are present concerning means of travel, food, water, diseases, pests and poor sanitation and other health related situations. Medical or emergency medical treatment may be inadequate or not available and special accommodation for physical disabilities or limitations may not be available.
3. I accept and assume all responsibility for my person, actions and any and all risks of property damage or personal injury which occur during or result from my participation, including potential injury while working.
4. With the above in mind, I fully understand and agree that the Project Forget Us Not/Florida Caribbean Conference/Student Ministries of the Baptist General Conference {Name of Entity Sponsoring Trip (if applicable)}, all of its entities, their staff, members, successors, assigns, officers, agents, representatives, ministry divisions, and entities (hereinafter referred to as the "Sponsor") or the Florida Caribbean Conference, all of its entities, their staff, members, successors, assigns, officers, agents, representatives, ministry divisions, and entities (hereinafter referred to as "The FCBC/Project F.U.N/SMBGC") 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 the Program or any portion of the Program even if said injury or action is due to the alleged negligence of the Sponsor and/or The FCBC. Further, I do hereby agree to indemnify and hold the Sponsor and/or The FCBC/Project F.U.N/SMBGC harmless against and from any and all liabilities, damages, claims, suits, judgments and associated costs and expenses (including, without limitation, reasonable attorneys' fees) of whatsoever kind in connection with the Program or any portion of the Program. Further, I make the 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 Sponsor and/or The FCBC/Project F.U.N/SMBGC related to the Program, even if any such claim or right of action is caused by the Sponsor's and/or The FCBC/Project F.U.N/SMBGC's alleged negligence.
5. 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 the Program I need emergency care and am not able to give consent because of my physical or mental condition, I authorize emergency medical care decisions to be made on my behalf, and I specifically release the Sponsor and/or The FCBC/Project F.U.N/SMBGC, 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 the Sponsor's and/or The FCBC/Project F.U.N/SMBGC's alleged negligence.
6. This document does not release the Sponsor and/or The FCBC from gross negligence.
7. **I HAVE READ CAREFULLY, AGREE TO, AND INTEND TO BE LEGALLY BOUND BY ALL TERMS OF THIS HOLD HARMLESS, WAIVER OF LIABILITY, AND EMERGENCY MEDICAL CARE AUTHORIZATION.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Parent or Guardian is also required if participant  
Is under 18 years of age;

\_\_\_\_\_  
Date

----- **ALL SIGNATURES MUST BE NOTARIZED** -----

In \_\_\_\_\_ County, in the State of \_\_\_\_\_ on this \_\_\_\_\_ day in the month  
of \_\_\_\_\_ 200\_\_\_\_, the above listed person(s)  
appeared before me and executed the above signature(s) in my presence.

\_\_\_\_\_  
Notary Signature / Title

\_\_\_\_\_  
Date

