



## Waiver, Release and Indemnity Agreement

The undersigned ("Participant"), desiring to visit foreign countries with Lott Carey Baptist Foreign Mission Society (Lott Carey), and participate in one or more Short-Term Mission Assignments ("STMA"), training programs or other ministry projects at various sites organized by LOTT CAREY, enters into this Waiver, Release and Indemnity Agreement to induce LOTT CAREY to allow the Participant to participate in STMA's. Based on the foregoing, Participant hereby agrees with LOTT CAREY as follows:

1. Participant does hereby release and forever discharge LOTT CAREY, and its employees, officers, agents, directors and representatives from any and all claims, demands, actions and causes of action for any and all injuries, losses, liabilities and/or damages sustained, incurred or suffered by Participant during, as a result of, or in any way related to the STMA's, including, without limitation, those relating to their leaving the United States of America and visiting foreign countries, including their stay in any foreign country and their trip to and from any country.
2. Participant is aware of the risks to person and property associated with participating in STMA's and further recognize that such risks have always been associated with missionary service.
3. Participant does hereby attest and certify that no personal medical or physical conditions exist which would prevent participation or performance of duties while on the STMA's including, without limitation, activities or environments such as, long drives and lon hikes, high altitude, excessive heat, limited and infrequent meals.
4. Participant gives LOTT CAREY and its representative(s) authority to request and authorize medical and/or hospital treatment for Participant in the event of any injury or sickness sustained by Participant while on any STMA, including, without limitation, while traveling to and from any foreign country, and if the need arises, to administer medical treatment, life-saving techniques or other first aid. Participant agrees to pay for all such treatment and to reimburse LOTT CAREY for all costs and expenses incurred by Participant with respect to such treatment. Participant is aware that service on this STMA may be in a location where there will be limited or no access to medical attention and/or medicines. Participant is responsible to take an adequate supply of all necessary personal medicines for the duration of the STMA.
5. Participant grants full permission to LOTT CAREY to use any photographs, videotapes, motion pictures, recordings, records, or any other documents of the STMA or project and to do so without notice or compensation to the participant.
6. I, the Participant named herein, am eighteen (18) years of age or older, and competent to sign this Waiver, Release and Indemnity Agreement. This form is binding on me and my executor, administrators and heirs.
7. I am aware that I may suffer bodily injury or property damage arising out of my participation in the STMA's. However, I voluntarily choose to assume these risks and participate in the event. I have full knowledge of this document's legal significance.

8. Notwithstanding the foregoing, I expressly waive all claims against LOTT CAREY for all injuries incurred during this STMA; which arise out of food consumption and transportation to and from mission sites throughout the STMA, and all other inherent dangers normally associated with STMA of this nature. I understand LOTT CAREY is not a surety for my personal property or personal safety; and while this campus has a security staff, their failure or negligence will in no way inure to the detriment of LOTT CAREY; and I agree to hold LOTT CAREY harmless from all personal injury and all property claims which I might incur.

9. I have fully read the above and understand it and hereby consent to it and agree to be bound by its terms and conditions for the upcoming short-term mission assignment with Lott Carey.

**Participant, please print clearly:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**To be completed by participant in the presence of a Witness:**

PARTICIPANT Print Full Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

**Emergency Contact Person (not travelling with you):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_