

Release of Liability  
Agreement to Indemnify, and Medical Authorization

Name of Participant \_\_\_\_\_  
Address of Participant \_\_\_\_\_  
In Case of Emergency, Contact \_\_\_\_\_  
Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_  
List Known Allergies \_\_\_\_\_  
Current Medication (state frequency and dosage for each medication) \_\_\_\_\_

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Date of Most Recent Tetanus Immunization \_\_\_\_\_

Any other Pertinent Facts To Which a Physician Should Be Alerted \_\_\_\_\_

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Insurance

Please attach a copy of the front and back of your insurance card

Carrier Name and Contact Number \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Insured \_\_\_\_\_

Relationship of Insured to Participant \_\_\_\_\_

CONSENT AND RELEASE OF LIABILITY  
AND INDEMNIFICATION AGREEMENT

I understand by participating in the \_\_\_\_\_ trip through Lake Norman Baptist Church I assume all risks and hazards related to the mission trip activities, including transportation to and from the mission trip site: further, I do hereby release and discharge Lake Norman Baptist Church and its directors, officers, employees, and agents, as well as the organizers, sponsors, supervisors, and counselors for the mission trip, from any loss, injury, or other damage to me arising out of or in any way related to this mission trip, including all activities and transportation to and from the mission trip site. I further agree to indemnify and hold harmless Lake Normal Baptist Church and its directors, officers, employees, and agents, as well as the organizers, sponsors, supervisors, and counselors for the mission trip, from any claims, losses, injuries, or other damages related to or arising from my participation in the mission trip, including but not limited to any claims submitted by or on my behalf.

PLEASE INITIAL \_\_\_\_\_

DATE \_\_\_\_\_