



VISION CARE SERVICE, LTD

Release of Liability (Adult or Minor Participant)

I, _____ in consideration of my acceptance as a participant on a mission trip sponsored
(Name)

by Vision Care Service West (“VCS”) to _____ I represent and agree that:

1. To follow the directions of the field leaders of VCS, while on the short-term project.
2. That all expenses which I incur while on this visit will be met by me out of my own personal resources.
3. I am aware of the potential hazards and risks to my person and property associated with serving in a missions capacity, such hazards and risks including, but not being limited to injury or death by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies (in remote locations), criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks subject to any insurance coverage that may be available to me from any source. With respect to VCS and its agents, officers, volunteers, directors, and employees, I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release VCS and its agents, officers, directors, and employees from any liability that I may suffer as a result of participation in the missions project. I further recognize that such risks have always been associated with missionary service. (2 Corinthians 11:23-28.)
4. I attest and certify that I have no medical conditions that would prevent me from performing my duties.
5. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
6. I am aware of the hazards and risks to my person associated with participation in a short-term mission trip, as described above. I further understand that VCS does not have any insurance coverage that would apply in the event of my illness, injury or death, or damage to my property that may occur during my participation on the trip, and that if I desire insurance coverage I am responsible for the cost and arrangements for such insurance.
7. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

Signature of participant (or student’s parent/guardian if under 18):

Signature: _____

Date: _____

Relationship to participant: _____

Check if self: ()



Medical Release Form

For completion by all participants (or their parents for those age 18 or younger)

Name: _____

Emergency Contact: _____

Relationship: _____

Phone: _____

Cell Phone: _____

E-mail : _____

Insurance Information

Project participants must have insurance coverage outside the U.S.

I understand that VCS does not provide any insurance coverage for losses, sickness or injuries that may occur to me (or my child) while participating in the short-term missions project. I am responsible for providing my own (or my child's) insurance coverage. I understand that I will be notified as soon as possible of any emergency. I will be responsible for any travel expenses, should emergency transportation back to the U.S. be necessary. As for medical insurance, I have the following coverage:

Name of Insurance Company: _____

Policy and group plan number: _____ Identification number of insured: _____

Name of insured: _____

Who is participating in this VCS short-term mission project? Insured: () Covered dependent: ()

Personal Medical Information

List all prescription medication(s) you will bring on the project: _____

For what condition(s)? _____

List any physical disabilities or limitations: _____

List any known allergies and reactions: _____

List any major illnesses in the past year: _____

Medical Release

In case of unconsciousness, or inability to release myself for medical treatment resulting from illness, injury, or an accident which requires medical attention, I _____, give my permission to VCS, its representatives and all attending health care professionals (defined as including, but not limited to registered nurses, licensed practicing nurses, physicians' assistants, doctors and paramedics) to receive medical treatment, to hospitalize, anesthetize, or perform surgery on me as is required. I, _____, the undersigned, do release, acquit, discharge and covenant to hold harmless VCS and its representatives from all actions, damages or liabilities arising out of the treatment of any illness, injury, or accident incurred during my participation on the trip. It is the intention of this release that the above VCS and its representatives incur no liability whatsoever while attempting to meet all medical needs that I may require during the project.

Participant Signature: _____ **Date:** _____