



NEHEMIAH NETWORK

SHORT TERM MISSIONS OPPORTUNITIES

RELEASE OF ALL CLAIMS FORM

This Agreement and Release is made on this _____ day of _____, 20____ by and between

WORD OF LIFE FELLOWSHIP, INC. Schroon Lake, New York, a religious, non-profit organization and

_____ and _____
(Participant) (Spouse)

or _____
(Parents)

The above mentioned participant will be voluntarily participating in a short-term missions activity from

_____, 20____ to _____, 20____, which is arranged,

supervised, sponsored or in some manner involves WORD OF LIFE. WORD OF LIFE’S involvement may vary

from close supervision, if any, to incidental contact between WORD OF LIFE and the participant.

AGREEMENT

1. The above-mentioned participant, at his own cost, shall arrange for and maintain health, major medical and hospitalization insurance during the period of activity mentioned above. Such insurance shall provide coverage for any and all expenses caused by illness, injury, accident or death.
2. In consideration of the opportunity to engage in such activity, the participant hereby and for his or her heirs, executors, administrators, successors and assigns, RELEASE, acquit and forever discharge and hold WORD OF LIFE harmless from all claims whatsoever resulting from illness, accident, injury, hospitalization, wrongful death, death or property damage of the participant arising from any such short-term missions activity.
3. By his or her signature, the parent of any minor participant and/or the spouse of such participant hereby also, for his or her heirs, executors, administrators, successors and assigns, RELEASE, acquit and forever discharge and hold WORD OF LIFE harmless from any claims such parent or spouse may have as a result of the illness, injury, accident, hospitalization or death of the participant.
4. In addition, all parties to this Agreement further RELEASE hold harmless and forever discharge any agents, employees, administrators and all other persons who may be acting on behalf of or in the stead of WORD OF LIFE and with respect to all activities contemplated herein.
5. The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not set forth herein, has been made to the undersigned, and that this RELEASE contains the entire agreement between parties hereto.

(over)

6. Furthermore, the undersigned understands that WORD OF LIFE'S representative, to the best of his ability, will exercise standards of control for the best interests of the group. In the event of an EMERGENCY, the undersigned therefore gives permission for authorized personnel to make any medical or legal decisions as may be deemed necessary. In the event of an EMERGENCY, please contact the following people:

_____	_____	_____	_____
Name of Contact/Relationship to Participant	Daytime Phone Number	Evening Phone Number	Mobile Phone

_____	_____	_____	_____
Name of Contact/Relationship to Participant	Daytime Phone Number	Evening Phone Number	Mobile Phone

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

IN THE PRESENCE OF:

1. PARTICIPANT

*Witness as to 1.

Signed this ____ day of _____, 20____

*Witness as to 1.

2. SPOUSE OF PARTICIPANT

*Witness as to 2.

Signed this ____ day of _____, 20____

*Witness as to 2.

3. FATHER OF PARTICIPANT (if applicable)

*Witness as to 3.

Signed this ____ day of _____, 20____

*Witness as to 3.

4. MOTHER OF PARTICIPANT (if applicable)

*Witness as to 4.

Signed this ____ day of _____, 20____

*Witness as to 4.

*Witnesses must be:

1. 18 years of age or older
2. Cannot be a person that has been required to sign this form in any other spot.
3. Not be a 1st line relative of the participant (i.e. spouse, parent, sibling etc)