

**SHENANDOAH PRESBYTERY
BAJA CALIFORNIA, MEXICO MISSION TRIP
REGISTRATION, WAIVER & RELEASE OF LIABILITY**

*Please return to: Mail: Mrs. Rhonda Richie, 149 Mary's Run Rd, Churchville, VA 24421
Fax: (540) 886-0148 Attention: Rhonda Richie
Scan and email: richietax@msn.com*

Participant: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary Phone: _____ **Alternate Phone:** _____

Member or active participant of _____ **Presbyterian Church**

(Note: Anyone is welcome on this trip, but those who are not members or active participants of a Presbyterian congregation in Shenandoah Presbytery must pay an additional fee.)

Waiver and Release of Liability

I, the undersigned, acknowledge the sponsors and coordinators of the Baja California, Mexico Mission Trip to be Shenandoah Presbytery and certain people who are designated as team planners, all of whom are hereinafter referred to as "Team Representatives." I further acknowledge that those participating and leading the team are volunteers who want to make the best, safest, and most meaningful trip possible for me and/or my minor child. I further acknowledge and understand that Team Representatives will always try to make the best decisions possible concerning my or my minor child's welfare. I further acknowledge and grant permission for Team Representatives to transport me or my minor child across the Mexican border.

I, the undersigned have been advised of the nature of the activities that may take place during the Mission Trip and represent to you that I, the participant, or my minor child am physically and mentally able to participate in those activities. I understand that the Mission Trip does present a possible risk of injury. I represent to you that I, the participant, or my minor child assumes the risk of any such injury and hold Team Representatives harmless from any liability for injury to myself or my minor child while engaged in this activity and agree to indemnify and defend Team Representatives against such injury to myself, the participant, or my minor child.

I, the undersigned, hereby release Team Representatives from, and agree to indemnify and hold them harmless from and against all liability for any actions, damages, causes of actions, suits, costs, losses, expenses, claims, demands, damages, and judgments collectively known as "Losses and Claims", which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors and assignees ever had, now have or hereafter can, shall or may have resulting from or arising in connection with my or my minor child's travel to, attendance at or participation in the Baja California, Mexico Mission Trip.

I also hold Team Representatives harmless from all liability to any other person or entity arising as a result of conduct of the participants in the Baja California, Mexico Mission Trip and agree to defend and indemnify Team Representatives against any claim or liability arising as a result of such conduct.

Team Representatives are hereby authorized on my or my minor child's behalf to arrange for any medical and hospital treatments as may be deemed advisable for the health and well being of me or my minor child. I agree to the performance of medical treatment, anesthesia and operation as, in the opinion of an attending physician, is deemed necessary.

I, the undersigned, have read the above Waiver and Release of Liability and agree to its provisions. I also understand that if I am not a member or active participant in a Presbyterian congregation in Shenandoah Presbytery I must pay an additional fee of \$300.

Participant's Signature: _____ **Date** _____

____ I am a member or participant of a Shenandoah Presbytery congregation.

____ I am not a member or active participant of a Shenandoah Presbytery congregation. My check made payable to Shenandoah Presbytery (memo line "Baja Mission Trip") in the amount of \$300 is enclosed.

If participant is under 18 years of age, both parents or the legal guardian must sign in the presence of two witnesses:

Parent/Guardian printed name & signature: _____ **Date:** _____

Parent/Guardian printed name & signature: _____ **Date:** _____

Witness printed name & signature: _____ **Date:** _____ **Phone:** _____

Witness printed name & signature: _____ **Date:** _____ **Phone:** _____