



RELEASE OF LIABILITY - ADULTS

WHEREAS, I _____ plan to participate in a short term mission trip (herein the "Activity") with The Refinery Christian Church, and

WHEREAS, I recognize that participation in such Activity may pose risks including, but not limited to, sickness, crime, political instability, governmental opposition to mission activities, as well as similar and dissimilar risks which may be hazardous and dangerous.

NOW THEREFORE, in consideration of the privilege to participate extended to me by The Refinery Christian Church, through its officers, agents, servants and employees, I do hereby, for myself my heirs, executor and/or administrator, remise, release and forever discharge The Refinery Christian Church and all its officers, agents, servants and employees, acting officially or otherwise, from any and all actions, causes of action, claims and demands for, upon, or by reason of any injury, damage, loss or death, either known or unknown, which may occur from any cause including, but not limited to, any accident while participating individually or with others in said event, whether caused by the negligence of Releasees or otherwise, while the undersigned is participating in the Activity.

The undersigned is fully aware of the Risks and other hazards inherent in the Activity and voluntarily assumes the Risks and all other risk of loss, damage or injury that may be sustained by the undersigned while participating in the Activity.

The undersigned further agrees that he/she bears the sole responsibility for any and all medical expenses which he/she incurs while participating in the Activity, whether for injury or illness and whether required as a result of the undersigned's participation in the Activity, or not. The undersigned acknowledges Releasees are under no obligation to provide medical insurance for the undersigned.

The undersigned warrants that he or she has fully read and understands this Liability Release Agreement as well as the State Department World Wide Caution and the Consular Information Sheets pertaining to the destination country and all other countries visited while on the Activity and voluntarily signs the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to the undersigned.

INSURANCE INFORMATION:

_____ I have medical and accident insurance with:

Name of Company	Policy No.
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_____ I have no medical or accident insurance, and I agree to pay any and all medical and/or dental expenses directly or indirectly related to my participation in the ministry and its related activities, including during the transportation to and from the event(s).

I HAVE READ AND AGREE TO THIS RELEASE:

Signature: _____

Address: _____

Phone: _____