



Release and Waiver of Liability

Trip ID Number: <u>11822</u>	Dates of Trip: <u>7/10/2022 - 7/15/2022</u>
Participant Name <u>Kansas City, mo</u>	Age: _____
What city are you serving in?	<u>Signal Crest UMC / Drew Barton</u> Church Name/Group Leader

I, _____, desire to serve as a trip participant for The Center for Student Missions d/b/a City. Service. Mission (CSM)

Release and Waiver: I expressly and specifically assume the risk of injury or harm and release and discharge CSM, its directors, officers, employees, and agents and their successors from and waive any and all liability for any injury, illness, death or property damage resulting from my participation. In consideration of being permitted to serve as a trip participant, I, my heirs, executors and administrators, hereby release and forever discharge and hold harmless CSM, its Board of Directors, officers, employees, agents and their successors from any and all liability and claims, demands and rights of action arising from activities in participation with CSM.

Medical Treatment: I understand that I take full responsibility for my welfare and safety. I hereby give permission for emergency medical treatment to be administered as deemed appropriate. I discharge CSM from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my activities as a trip participant.

Photographic Release: I also permit the release of any photographs, video or audio recordings taken of me for the promotional use of CSM and waive all claims for compensation for such use or for damages. In the event of a crisis, I will not speak to the press, but will refer parties to a CSM staff member.

By signing below, I am indicating that I have read and agree to the above terms.

Trip Participant	Trip Participant's Parent/Guardian Name
Participant Name	Parent/Guardian Name (if participant is under 18)
Participant Signature	Parent/Guardian Signature (if participant is under 18)
Date / /	Date / /