

MISSION TRIP DESTINATION: _____ **TRAVEL DATES:** _____

GARDNER-WEBB UNIVERSITY STUDENT MINISTRIES
RELEASE AND HOLD HARMLESS AGREEMENT AND CONDITIONS OF PARTICIPATION

THIS IS A LEGAL DOCUMENT WHICH INCLUDES A RELEASE OF LIABILITY. READ IT CAREFULLY BEFORE SIGNING.

1. I understand and accept that the Program noted above will expose me to many risks. Some of the risks which may be present or occur include, but are not limited to hazards associated with:
 - traveling by land, sea, or air;
 - changes from my normal level of activity;
 - changes in my diet;
 - unfamiliar environments
 - seeking or obtaining medical treatment or advice
 - theft of or damage to personal property while traveling.
2. I hereby assume all risks associated with this mission program.
3. I understand that this activity may subject me to unusual physical and/or psychological/emotional exertion, or other physical and/or psychological/emotional stress. I hereby state that I am in sufficient physical and psychological/emotional condition to accept this exertion and stress.
4. I have freely chosen to participate in this activity.
5. IN CONSIDERATION OF AND AS PART PAYMENT FOR THE OPPORTUNITY TO PARTICIPATE IN THIS MISSION PROGRAM, I HAVE AND DO HEREBY RELEASE AND WILL HOLD HARMLESS GARDNER-WEBB UNIVERSITY AND ALL THEIR OFFICERS, EMPLOYEES AND AGENTS, FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTIONS, DEBTS, CLAIMS AND DEMANDS OF EVERY KIND AND NATURE WHATSOEVER, AND SPECIFICALLY INCLUDING ANY CLAIM FOR NEGLIGENCE OR NEGLIGENT ACTS, WHICH I NOW HAVE OR WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY TRIP OR PARTICIPATION IN THIS ACTIVITY. THE TERMS HEREOF SHALL SERVE AS A RELEASE, INDEMNIFICATION, AND ASSUMPTION OF RISK FOR MY HEIRS, EXECUTORS, AND ADMINISTRATORS AND FOR ALL MEMBERS OF MY FAMILY, INCLUDING ANY MINORS ACCOMPANYING ME.
6. In the event that Gardner-Webb University or its agents advance or lend any monies to me or incur special expense on my behalf while I am on this mission, I (and my parents/legal guardian(s)/spouse) agree to make repayment within 30 days of my return.
7. I understand that while traveling or residing in other states, I will be subject to the laws, rules, and law enforcement procedures of that region rather than those of NC. Any violation of such laws could result in my being detained or otherwise involved with local law enforcement authorities and beyond the control of Gardner-Webb University supervision.
8. I understand that I am fully and exclusively responsible for my own behavior at such time as I leave the supervised program voluntarily for any reason.
9. I understand that if I leave the program voluntarily for any reason, there will be no refund of fees already paid nor cancellation of obligations to pay fees for the duration of the program for which I have enrolled unless the host institution agrees to do so. I have had an adequate

opportunity to read and understand the program refund policies, have had an opportunity to ask questions about them, and any questions I have had have been answered to my satisfaction.

- 10. I agree to participate fully in all required orientation sessions, lectures, discussions, field studies, and other activities, which are a required part of the program.
- 11. I understand that if my conduct during or outside of required program activities presents a hazard to other people on the trip, the program administrators reserve the right to take appropriate action to protect the mission program and its administrators and participants from further disruption of the activities or risks of physical injury, including action to terminate the right to participate in the program.
- 12. I understand that the mission supervisors may provide me with OTC medications and minor first aid as needed and I hereby release them from any liability for any adverse reaction which may occur as a result of such treatment.

Prior to signing this document, I have had an adequate opportunity to read and understand it, have had an opportunity to ask questions about it, and any questions I have had have been answered to my satisfaction.

Participant Date of Birth _____ Participant Signature _____

Printed Name _____ Date _____

Printed Address _____

Parent or Guardian (To be filled in if participant is under 18 years of age):

I certify that I am the parent or legal guardian of the above applicant, and that I have read the forgoing Agreement and Release (including such parts as may subject me to personal financial responsibility), and hereby relinquish any claims that I might have against Gardner-Webb University or its agents (as set forth above) both on my own behalf and in my capacity as legal representative of the applicant, including with limitation any claim arising as a result of the applicant=s leaving the supervision of the Program Director(s) or at a time when the applicant has left the supervision of the Program Director(s).

Parent/Guardian Signature _____

Printed Name _____ Date _____

Printed Address _____
