

## **WAIVER AND RELEASE OF LIABILITY**

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This Waiver and Release of Liability (“Waiver”) is entered into on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by and between Denton Bible Church (the “Church”) and \_\_\_\_\_ [name of participant] (“Participant”).

Participant desires to participate in Austria Mission Trip 2019 [describe activity] (the “Activity”) on the Church’s premises or as part of an off-premise Church activity.

In consideration of being permitted to participate in the Activity, Participant agrees as follows:

I RELEASE, WAIVE ALL CLAIMS AGAINST, DISCHARGE AND COVENANT NOT TO SUE THE CHURCH, OR ANY OF THE CHURCH’S ELDERS AND EMPLOYEES, INCLUDING BUT NOT LIMITED TO PASTORS, STAFF AND OTHER EMPLOYEES, MEMBERS, REPRESENTATIVES, OR VOLUNTEERS (COLLECTIVELY REFERRED TO HEREIN AS “CHURCH REPRESENTATIVES”) WITH RESPECT TO MY PARTICIPATION, INCLUDING WITHOUT LIMITATION ATTENDANCE AT, OBSERVATION OF, OR BEING OTHERWISE INVOLVED IN THE ACTIVITY (“PARTICIPATION”), WHETHER MY CLAIM OR THE CLAIM OF ANYONE ON MY BEHALF IS BASED ON OR ARISES OUT OF PERSONAL INJURY, DEATH OR INJURY TO PROPERTY AND

**WHETHER SUCH CLAIM IS CAUSED BY THE NEGLIGENCE OF THE CHURCH OR ANY OF THE CHURCH REPRESENTATIVES.**

I ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE DUE TO THE NEGLIGENCE OF THE CHURCH OR ANY OF THE CHURCH REPRESENTATIVES WITH RESPECT TO MY PARTICIPATION IN THE ACTIVITY.

I agree to indemnify and hold the Church harmless from the claims of any third party arising as a result of my participation in the Activity.

I HAVE READ THIS WAIVER IN ITS ENTIRETY AND I UNDERSTAND THAT BY SIGNING THIS WAIVER I AM RELEASING ALL FUTURE CLAIMS I MAY HAVE AGAINST THE CHURCH AND ANY CHURCH REPRESENTATIVES WITH RESPECT TO MY PARTICIPATION IN THE ACTIVITY.

PARTICIPANT(s):

Signature(s):

Signature(s):

Printed Name(s):

PARENT OR GUARDIAN OF PARTICIPANT, ON BEHALF OF PARTICIPANT (if under 18):

Signature:

Printed Name: \_\_\_\_\_,

on behalf of \_\_\_\_\_ [minor Participant's name]

\_\_\_\_\_ [minor Participant's name]

\_\_\_\_\_ [minor Participant's name]

\_\_\_\_\_ [minor Participant's name]

\_\_\_\_\_ [minor Participant's name]

\_\_\_\_\_ [minor Participant's name]

\_\_\_\_\_ [minor Participant's name]

**PHOTO CONSENT**

Austria 2019

**WAIVER AND RELEASE OF LIABILITY**

Your child(ren)'s photograph(s) may be used as part of the Denton Bible Church website and promotional materials.

You hereby grant Denton Bible Church a worldwide, gratuitous and non-exclusive license to copy, use, modify, reproduce, display, adapt, and transmit your child(ren)'s photograph for use on the Denton Bible Church website and promotional materials and to permit users of the website to view, download, and print photographs.

You have the right to revoke your consent to future use of your child(ren)'s photograph at any time by contacting us at the address or phone number below.

If you have any questions, at any time, please email [churchlife@dentonbible.org](mailto:churchlife@dentonbible.org) or write to Denton Bible Church Churchlife, 2300 East University Drive, Denton TX 76209, or call 940-297-6700

This Waiver and Release of Liability ("Waiver") is entered into on the \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_, by and between Denton Bible Church (the "Church") and

\_\_\_\_\_ [full name of individual].

I, HEREBY CONSENT TO AND AUTHORIZE DENTON BIBLE CHURCH (THE "CHURCH") TO TAKE AND USE PHOTOGRAPH AS TAKEN ON FOR THE PURPOSE OUTLINED ABOVE.

I UNDERSTAND THAT THIS CONSENT IS VOLUNTARY AND MAY BE REVOKED AT ANY TIME. I ALSO UNDERSTAND THAT PHOTOGRAPHS MAY OR MAY NOT BE DISPLAYED ON THE CHURCH WEBSITE OR PROMOTIONAL MATERIALS.

I RELEASE, WAIVE ALL CLAIMS AGAINST, DISCHARGE AND COVENANT NOT TO SUE THE CHURCH, OR ANY OF THE CHURCH'S ELDERS AND EMPLOYEES, INCLUDING BUT NOT LIMITED TO PASTORS, STAFF AND OTHER EMPLOYEES, MEMBERS, REPRESENTATIVES, OR VOLUNTEERS (COLLECTIVELY REFERRED TO HEREIN AS "CHURCH REPRESENTATIVES") WITH RESPECT TO THE PUBLICATION, REPRODUCTION, DISTRIBUTION, MODIFICATION, COLLECTION, DISCLOSURE OR ANY OTHER USE OF MY CHILD(REN)'S PHOTOGRAPH.

I ACKNOWLEDGE THAT THE CHURCH HAS NO CONTROL OVER AND IS NOT RESPONSIBLE FOR ANY USE OR MISUSE INCLUDING, BUT NOT LIMITED, TO ANY ALTERATION, MODIFICATION, REUSE OR DISTORTION OF MY CHILD(REN)'S PHOTOGRAPH THAT MAY OCCUR OR BE CAUSED BY THIRD PARTIES. THE CHURCH WILL NOT BE MONITORING AND HAS NO CONTROL OVER THIRD PARTIES' USE OR MISUSE OF MY CHILD(REN)'S PHOTOGRAPH DISPLAYED ON THE WEBSITE OR PROMOTIONAL MATERIALS.

I AGREE TO INDEMNIFY AND HOLD THE CHURCH HARMLESS FROM THE CLAIMS OF ANY THIRD PARTY ARISING AS A RESULT OF THE PUBLICATION, REPRODUCTION, DISTRIBUTION, MODIFICATION, COLLECTION, DISCLOSURE OR ANY OTHER USE OF MY CHILD(REN)'S PHOTOGRAPH.

I agree that my Child(ren)'s photograph to be used by the church will be made without any payment to me.

I HAVE READ THIS WAIVER IN ITS ENTIRETY, AND I UNDERSTAND THAT BY SIGNING THIS WAIVER I AM RELEASING ALL FUTURE CLAIMS I MAY HAVE AGAINST THE CHURCH AND ANY CHURCH REPRESENTATIVES WITH RESPECT TO THE PUBLICATION, REPRODUCTION, DISTRIBUTION MODIFICATION, COLLECTION, DISCLOSURE OR ANY OTHER USE OF MY CHILD(REN)'S PHOTOGRAPH

INDIVIDUAL:

Signature:

Printed Name:

PARENT OR GUARDIAN OF INDIVIDUAL, ON BEHALF OF INDIVIDUAL (if under 18):

Signature:

Printed Name: \_\_\_\_\_,

on behalf of \_\_\_\_\_ [minor INDIVIDUAL's name]



# MEDICAL INFORMATION FORM

Austria 2019

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Office Number \_\_\_\_\_

Name of person (other than self) authorized to act for participant in an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Allergies (including drugs): \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

Please list any medications to be taken by participant and frequency:

\_\_\_\_\_  
\_\_\_\_\_

Special instructions or information:

\_\_\_\_\_  
\_\_\_\_\_

I request that in my absence the above-named student be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, and operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named student.

I release Denton Bible Church, its staff and volunteers from claim or liability due to sickness or injury. I attest to the fact that the above named participant is covered by an insurance policy covering illness and injury. I accept all financial responsibilities concerning any medical emergency.

PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
(Printed)



# LETTER OF CONSENT FOR TRAVEL OF A MINOR CHILD

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Because of increasing instances of child abduction in custody cases, and a growing number of children who are the victims of trafficking or pornography, an immigration officer, airline, or travel company may ask you to provide some form of letter of consent if your child is traveling internationally with only one parent or with another adult, such as a grandparent, aunt or uncle, youth worker, etc. To that end, please complete the attached form.

**Instructions: If traveling outside the United States, an original, notarized form *MUST* accompany traveling minor.**

- Both birth parents/legal guardians must sign the form:
  - If divorced. (If divorced with sole custody, legal documentation from the parent with custody must be attached and notarized.)
  - If a natural parent is deceased, a certified copy of the death certificate is required.
  - Step-parents cannot sign for a minor unless that child has been legally adopted by that step-parent, in which case, legal documentation supporting the adoption must be attached and notarized.
- Birth parents/legal guardians may sign the form separately and with different Notary Publics.
- Missions will retain a copy of the document, but the original **MUST** travel with the traveling minor in the possession of accompanying adult.

**TO WHOM IT MAY CONCERN:**

I/We, \_\_\_\_\_  
(Full Name(s) of Custodial and/or Non-Custodial Parent(s)/Legal Guardian(s))

am/are the lawful custodial parent and/or non-custodial parent(s) or legal guardian(s) of:

Child's full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

U.S. Passport Number: \_\_\_\_\_ Date and Place of Issuance of U.S. Passport: \_\_\_\_\_

\_\_\_\_\_ has my/our consent to travel with:  
(Child's Full Name)

Full name of accompanying person(s): [we'll fill out this one for you later - It'll be all DBSM staff attending this trip]

U.S. or foreign passport number(s): [we'll fill out this one for you later]

Date and Place of issuance of this/these passport(s): [we'll fill out this one for you later]

to visit Austria during the period of July 2019.  
(Name of Foreign Country) (Dates of Travel: Departure and Return)

During that Period, \_\_\_\_\_ will be residing with [we'll fill out this one for you later]  
(Child's Name) (Name of Person Who Child will be Residing With in Foreign Country)

at the following address:

Number/street address and apartment number: Kirchboden 130

City, State/Province, Country: Wagrain, Austria, 5602

Telephone and fax numbers: \_\_\_\_\_  
(work) (cell phone) (residence)

**PARENT #1**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Custodial Parent, and/or Non-Custodial Parent or Legal Guardian)

Full Name: \_\_\_\_\_

**CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Acknowledged before me on \_\_\_\_\_ By \_\_\_\_\_  
[date] [name of principal].

[Notary Seal, if any]:

\_\_\_\_\_  
(Signature of Notarial Officer)

**PARENT #2**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Custodial Parent, and/or Non-Custodial Parent or Legal Guardian)

Full Name: \_\_\_\_\_

**CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Acknowledged before me on \_\_\_\_\_ By \_\_\_\_\_  
[date] [name of principal].

[Notary Seal, if any]:

\_\_\_\_\_  
(Signature of Notarial Officer)