

REFORMED EPISCOPAL CHURCH BOARD OF FOREIGN MISSIONS
SHORT-TERM MISSION
CONSENT AND LIABILITY RELEASE AND INDEMNIFICATION

RELEASE AND PERMISSION AGREEMENT between the undersigned releasor, _____
and the Board of Foreign Missions of the Reformed Episcopal Church.

I am a parent or guardian completing this form on behalf of _____

In consideration for the opportunity afforded me to serve in a missionary capacity or for my child to participate in a short-term mission with the Board of Foreign Missions of the Reformed Episcopal Church, I, _____, the undersigned releasor, residing at _____, in the municipality of _____ and in the State of _____, and the Board of Foreign Missions of the Reformed Episcopal Church, a not-for-profit corporation organized under the laws of the State of Texas, agree as follows:

1. Release from Liability

a. I, the undersigned releasor, agree to release and forever discharge, for myself / my child _____, my heirs, representatives and assigns, the Board of Foreign Missions of the Reformed Episcopal Church, the Officers, Directors and Trustees of the Board of Foreign Missions of the Reformed Episcopal Church, their co-workers, associates and employees, successors and assigns, the Reformed Episcopal Church and any sending or sponsoring church, their representatives and employees, of and from all manner of action, causes of action, suits, agreements, promises, and all demands whatsoever in law or in equity, which against the above named entities or individuals I ever had, now have, or which I, my heirs, representatives and assigns forever can, shall or may have, for or upon, by reason of any matter, arising out of my travel / my child's travel and while doing the work of the Board of Foreign Missions of the Reformed Episcopal Church, and/or while working for or with the Officers, Directors and Trustees of the Board of Foreign Missions of the Reformed Episcopal Church, and/or their co-workers or associates or employees, anywhere in the United States of America, Canada, Germany, France, Brazil, or in any other country in the world.

b. I furthermore hereby grant permission to the Board of Foreign Missions of the Reformed Episcopal Church, the Officers, Directors and Trustees of the Board of Foreign Missions of the Reformed Episcopal Church, their co-workers, associates and employees, to arrange travel for me / my child within the United States of America, Canada, Germany, France, Brazil, or in any other country in the world for an unlimited period of time. In giving this statement of release and permission, I promise that I, and my heirs, representatives and assigns will not hold the Board of Foreign Missions of the Reformed Episcopal Church, the Officers, Directors and Trustees of the Board of Foreign Missions of the Reformed Episcopal Church, their co-workers, associates and employees, successors and assigns, the Reformed Episcopal Church and any sending or sponsoring church, their representatives and employees, responsible for any accident, sickness, disablement, damage, or death wherein I am / my minor child is involved while traveling or while doing the work of the Board of Foreign Missions of the Reformed Episcopal Church, and/or while working with the Officers, Directors and Trustees of the Board of Foreign Missions of the Reformed Episcopal Church, and/or their co-workers or associates or employees, anywhere in the United States of America, Canada, Germany, France, Brazil, or in any other country in the world.

2. Insurance Coverage

I understand that the Board of Foreign Missions of the Reformed Episcopal Church does not provide any insurance coverage for losses, sickness, or injuries that may occur to me / my child while participating in the missions field. I understand that I am responsible for providing insurance coverage for myself / my minor child. I understand that in case of emergency I will be responsible for any travel expenses, should emergency transportation back home be necessary. As far as medical insurance, I have the following coverage:

Insurance Company: _____

Address: _____

Phone Number: _____

Policy and/or group plan number: _____

The participant is (the insured) (a covered dependent of the insured). The named insured is _____

3. Medical Consent and Emergency Contact Information

For Adults: In the event of a medical emergency and I am unable to make decisions concerning my own health and welfare, I hereby consent to the necessary and proper treatment, surgery and/or anesthetic by a licensed physician or health care professional.

For Minors: In the event of a medical emergency, I consent for my child to receive the necessary and proper treatment, surgery and/or anesthetic by a licensed physician or health care professional.

Emergency Contact Name and Phone Number: _____

4. Termination of Services

I agree that I/my minor child will abide by the rules of the Board of Foreign Missions of the Reformed Episcopal Church during travel to and from the mission field and in connection with my/my child's service and activities while there, including the right of the Board of Foreign Missions of the Reformed Episcopal Church through its representatives to terminate my term of service for such cause as it in its discretion may deem reasonable. In the event of such termination, I agree to return immediately to my residence in the United States of America / make arrangements for my child to return home and to reimburse the Board of Foreign Missions of the Reformed Episcopal Church for any additional cost of such return transportation.

5. Severability

This agreement is severable. If any portion is deemed to be unenforceable, that portion shall be severed from the agreement and the remainder of this agreement shall remain in effect and enforceable.

6. Acknowledgment

- a. I acknowledge that I have read this agreement in full and I understand each and every term contained herein.
- b. I am eighteen years of age or older.

IN WITNESS WHEREOF, the said releasor has hereunto set his or her hand and seal this _____ day of _____, in the year of our Lord Two Thousand and _____.

Signature of the Releasor X _____

BE IT REMEMBERED that on this ____ day of _____, in the year of our Lord, Two Thousand and _____, before me, the subscriber, a Notary Public in the State of _____, personally appeared _____, who first made known to me the contents of the above instrument, and who I am satisfied is the person mentioned in the within instrument, and thereupon he/she acknowledged that he/she signed, sealed, and delivered the same as their voluntary act and deed, for the uses and purposes therein expressed.

X _____
Signature of Notary

My commission expires _____.

State of _____.

County of _____.