



## Waiver and Liability Form

I, \_\_\_\_\_, understand that I will be participating in a short term mission trip to Panama, (hereafter the "mission trip") on or about \_\_\_\_\_ to \_\_\_\_\_.

I recognize that there are risks involved in participating in the mission trip and hereby assume all risk of injury, harm, damage, or death in connection with my participation in it. I understand and agree that neither *Cities for Christ* nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this mission trip and hereby release *Cities for Christ*, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating on the mission trip.

To the fullest extent permitted by law, I agree to save and hold harmless *Cities for Christ*, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other person arising out of my participation in the mission trip.

I authorize *Cities for Christ* through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in the mission trip.

I understand and acknowledge that *Cities for Christ* does not provide health or medical insurance in connection with the mission trip and I agree to purchase insurance through **Faith Ventures** for the trip. I understand that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the mission trip.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Mission Trip Agreement Policy

*Cities for Christ* is excited to have you participate with us on one of our mission trips. As an organization, your safety and quality of experience are very important to us. To ensure this meaningful experience we ask that you observe the following guidelines. Failure to meet these requirements may result in termination of your trip activities or you may be asked to return home at your own expense. Thank you for your cooperation.

- I recognize that I will be representing *Cities for Christ* and have read and will follow *Cities for Christ* Code of Conduct and commit to being a positive ambassador of Jesus Christ.
- I acknowledge the leadership of our team leader/s and will support the team and its leaders with a positive attitude.
- I will complete all the participatory requirements by:
  - Obtaining a pastoral recommendation by the senior or associate pastor of my home church.
  - Attending one online class at least 45 days prior to departure.
  - Submitting trip payments in full at least 30 days prior to departure.
- I understand the financial commitment of this trip and that I am financially responsible for any cost incurred even in the event of my being unable to travel for personal or other reasons.

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Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_