

Mission Trip Waiver and Hold Harmless Agreement

Sponsoring Organization: Crossings Community Church (hereafter "CCC")
Address: 14600 N. Portland Ave, Oklahoma City, OK 73134
Coordinators: _____
Dates: _____
Description of Activity: _____
Location: _____

Participant Information

	M	F
PARTICIPANT NAME	AGE:	SEX:
PARENT GUARDIAN'S NAME		
ADDRESS	CITY	STATE
		ZIP
PHONE (DAY)	(EVE)	E-MAIL
Is Sponsor authorized to approve medical treatment?		Yes
Is Participant covered by personal/family medical insurance		Yes No
Name of Insurer:		Policy or Group #
Emergency Contact:		
Phone: (day)	(eve)	
Email:		

Participant Agreement

In consideration for the opportunity to participate in the above activity, I, the Participant (or parent/guardian if participant is a minor), acknowledge and accept the risks of injury associated with participation in and transportation to and from the activity. If, at any time during the trip, I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize emergency medical care decisions to be made on my behalf by CCC representatives as indicated above, and I (or parent/guardian) specifically release CCC, in making those emergency medical care decisions, from any and all liability associated with said decisions, even if injury or death is the result of CCC's decision on my behalf.

I (or parent/guardian) also accept personal financial responsibility for any injury sustained during this event or during the transportation to and from the activity. If insurance coverage is provided by CCC for the trip, I agree that CCC is not liable for payment of any amount beyond the limits of the travel/accidental injury/illness coverage provided. Further, I (or parent/guardian) promise to indemnify, defend, and hold harmless CCC and/or its agents, employees, volunteers, or any of its representatives (collectively referred to herein as "Sponsor") for any injury or illness related directly or indirectly to the described activity or transportation to or from the activity, whether such injury arises out of the negligence of the Sponsor or otherwise.

If a dispute arises over this agreement or any claim for damages arises, I (or parent/guardian) agree to resolve the matter through binding arbitration through the American Arbitration Association. Such arbitration shall be held in Oklahoma City, Oklahoma. This arbitration shall apply not only to the parties to this Agreement but also to any employees, agents or representative(s) of CCC as well as any affiliated or related parties.

Participant Signature:

Parent/Guardian Signature (if Participant is a minor):

Date

Date