

Waiver and Release/Assumption of Liability Form

First Baptist Church Norfolk

I, _____ (Print your legal name) am participating in a mission trip sponsored by First Baptist Church; I understand this journey will involve the following:

(Name of mission journey and brief description of activities while on mission)

Certification of Capability to Participate and Understanding of Risks/Assumption of Risks:

My signature on this form is my certification that I am physically capable of engaging in the activity or event described above. Further, I acknowledge that I have had the risks of my participating in this activity or event sufficiently explained to me, and I understand the risks posed in this activity or event (or I have declined such explanation because I already understand the risks involved in this activity or event). In exchange for the privilege of participating in this church-sponsored activity or event, I hereby assume all risks of injury or damages of whatever type or form associated with my participation in this activity or event.

Consent to Treatment:

My signature on this form also constitutes my consent for the trip sponsors to consent to medical providers diagnosing and providing medical treatment to me at my expense in the event of injury or illness requiring emergency or other medical treatment while involved in this activity or associated with the activity.

I waive any claims or causes of action, including attorney's fees; I might have against First Baptist Church Norfolk for my participation.

Dated this _____ day of _____, 20__
(Date) (Month)

(Signature)

(Printed/Typed Name)

SUBSCRIBED AND SWORN TO before me, by the above and foregoing on this

_____ day of _____ 20__
(Date) (Month)

(Notary Signature)

(My Commission Expires)

(Notary Registration #)

(Seal)