



## Mission Trip

# **Adult Waiver, Release of Liability, Indemnification and Consent Form**

In view of the fact that the Penn-Jersey District of The Wesleyan Church and the General Department of Global Partners, a branch of The Wesleyan Church, (hereinafter "the Church") have developed opportunities for short-term overseas ministry;

And, since these organizations are non-profit organizations, and in the nature of the case do not and cannot assume responsibility in case of sickness and/or accidents involving voluntary participants in ministry programs;

Now therefore, I, the undersigned, being over 18 years of age and desiring to voluntarily participate in the program, acknowledge that as a volunteer, I am not an employee, servant or agent of these organizations, recognize that there are risks involved in participating in the mission program and hereby assume all risk of injury, harm, damage or death in connection with my participation in it, undertake to provide for my financial needs and support, do not want to burden the church with any responsibility for sickness, accidents, or other mishaps, serious bodily injury, permanent disability or death (whether or not caused in whole or in part by the negligence or the misconduct of the Church or individuals), and understand that I must make my own provision for such eventualities.

I hereby release The Wesleyan Church, the Penn-Jersey District of The Wesleyan Church and any and all of their departments, segments, officers, agents, and employees from all claims and demands in connection with my participation in or attendance upon said short-term missions program. This agreement is binding upon the heirs, executors, and assigns of the person signing this form.

Invalidity/Unenforceability: If any provision of this form is held to be invalid or unenforceable, this form shall be construed as if such invalid or unenforceable provision was not contained herein.

**I have carefully read this waiver, release of liability, indemnification and consent. I understand that by signing this agreement I am giving away substantial rights, and I am indicating that I fully understand, agree to and accept all of its provisions.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Witness: \_\_\_\_\_

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Dr. Karl D. Eastlack, District Superintendent

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