

Youth Activity Waiver & Release

Costa Rica Student Mission Trip 2019

May 26-June 1, 2019

My child, _____ has my permission to participate in the above named activity and warrant that he/she is physically fit and capable of taking part in such activity.

I agree that in the event my child is injured as a result of his/her participation in the above-named activity, including transportation to and from this activity, that I or my spouse shall be responsible for payment of any hospital, medical, dental, or related costs and expenses, and to reimburse Mountaintop Community Church (MCC) for any of these expenses paid on behalf of my child. I consent to any necessary medical care and treatment for my child in the event of injury, including but not limited to, diagnostic studies, anesthesia, and surgical intervention.

I authorize the making of photographs, motion pictures, videotapes, recordings, internet content, or other memorializing of this activity and his/her participation therein, and the publication or other use thereof. I and my child waive any right to receive compensation therefore.

I fully understand and appreciate potential dangers, hazards, and/or risks, directly and/or indirectly inherent in participating in this activity, which could also include the loss of life, serious loss of limb, or loss of property. Also, I understand that the consumption of alcohol and/or use of drugs is strictly prohibited and could result in my dismissal from further participation in the activity.

By signing below, I hereby release, waive and discharge MCC, its employees, agents, volunteers, officers, directors and related organizations from any and all claims, liability, injury, illness or damage (including claims for personal injury, property damage and wrongful death) arising out of or related to my participation in this activity. This includes, but is not limited to, liability and claims due to MCC's alleged negligence.

<i>Parent/Guardian Name and Relationship (please print)</i>
<i>Parent/Guardian Signature</i> <i>Date</i>

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<i>Contact Phone</i>	<i>Alternate Contact Phone</i>
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<i>Emergency Contact Name & Relationship (please print)</i>	<i>Emergency Contact Phones</i>

<i>Primary Physician and Phone Number</i>	<i>Health Plan and Policy Number</i>
<i>Allergies, Medications, and Other Special Instructions</i>	<i>Student Birthdate</i>