

LIABILITY/MEDICAL RELEASE FORM  
Short-Term Missions Trip  
Harmony Vineyard Church

I agree as follows: In the event of any accident, sudden illness, or medical emergency involving myself in connection with the below named event, I hereby authorize the Harmony Vineyard Church Mission leaders to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment or care, deemed necessary by a licensed physician. This authorization is limited to the following dates: \_\_\_\_\_ through \_\_\_\_\_.

In consideration of being permitted to participate in the Harmony Vineyard Church mission project, beginning \_\_\_\_\_ through \_\_\_\_\_, I, the undersigned, hereby release, waive, discharge, covenant not to sue, agree to indemnify and hold harmless, the Harmony Vineyard Church and its officers, directors, agents, affiliates, employees and assignees ("Releasees") from any and all damages, liability, causes of action, or any other form of liability, past, present and future, and whether caused by the negligence of Releasees or otherwise, arising out of or relating to my presence or participation in the aforementioned Harmony Vineyard Church mission project and any activities related thereto, or any actions taken by Releasees pursuant to the above medical authorization with respect to myself.

This Release shall be binding on my heirs, my executors, legal representation, and myself.

**Participant's Signature & Date** \_\_\_\_\_

**Participant's Printed Name** \_\_\_\_\_

**Notary:**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before \_\_\_\_\_, a Notary Public in and for said state, personally appeared \_\_\_\_\_ known to me to be the person who executed the within Waiver and Release of liability and acknowledged to me that she executed the same for the purposes therein stated.

Notary Public

My Commission Expires \_\_\_\_\_