

Shady Grove Wesleyan Church
Short Term Mission Program

Adult Waiver, Release of Liability,
Indemnification and Consent Form

In view of the fact that Shady Grove Wesleyan Church has developed opportunities for short-term overseas ministry;

And, since Shady Grove Wesleyan Church is a non-profit organization, and in the nature of the case does not and cannot assume responsibility in case of sickness and/or accidents involving voluntary participants in the short-term ministry program;

Now, therefore, I, the undersigned, being over 18 years of age, desire to voluntarily participate in the program, do undertake to provide for my financial needs and support, and acknowledge that I am not an employee, servant or agent of Shady Grove Wesleyan Church, and as a volunteer, 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 organization or individual mentioned above) and understand that I must make my own provision for such eventualities, release Shady Grove Wesleyan Church, and any and all of its 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 persons 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 _____

Shady Grove Wesleyan Church
Short Term Mission Participant Agreement
Code of Conduct

As a volunteer with Shady Grove Wesleyan Church short term mission program, I agree to pay all costs related to my trip, such as immunizations, travel, food, lodging and miscellaneous costs to missionaries or nationals and serve without remuneration. All of my debts will be paid in full before I leave the field.

I will be responsive to the counsel and suggestions of mission authorities and abide by the standards of conduct and ethics of the field wherein I serve and the policies of Shady Grove Wesleyan Church.

I will abstain from any alcoholic beverages, tobacco, illegal drugs, and any form of conduct unbecoming to conservative Christian example.

I also affirm that before my departure, I have contracted for overseas health insurance and overseas accident insurance (short-term trip insurance 909795).

I will not hold Shady Grove Wesleyan Church, and all of its departments, segments, officers, agents and employees responsible for any accident, injury, or illness resulting from my visit to the field nor for the loss of or damage to personal property while on this assignment, and will indemnify and hold harmless Shady Grove Wesleyan Church from and against any and all liability occasioned by my short term mission participation.

This agreement covers the term of service of less than one month as authorized by Shady Grove Wesleyan Church and the field of service. Said appointment is not valid without the completion of this agreement.

I understand that willful neglect of this covenant may result in my being SENT HOME EARLY at my OWN expense and I will forfeit all other funds that have been paid.

_____ Date _____
Team Member Signature

_____ Date _____
Parent/Guardian *(if Team Member under age 18)*

Shady Grove Wesleyan Church
Short Term Mission Program
Insurance and Medical Release

Insurance Information

Traveler's Insurance is required. Shady Grove Wesleyan Church offers coverage through *Global Partners-Wesleyan World Missions* and *Life Insurance Company of North America*, a CIGNA Company or through American International Assistance Services (see attached form) Any alternate travel insurance (personal insurance) arrangements must be cleared in advance with the Mission Ministry Team.

Health Insurance Information:

Name of Insurance Company: _____

Policy or Group Number: _____

Name of Insurance Representative/Contact: _____

Phone: _____

Adult Health Release/Permission for Treatment
Authorization for adults – *Please read carefully and sign*

I, _____ the undersigned, address of _____,
City of _____, county of _____ in state of _____,
_____ hereby agree as follows:

In the event of any accident, sudden illness, or medical emergency involving myself in connection with a Shady Grove Short Term Mission Team, I hereby authorize leadership and staff members of The Wesleyan Church to consent to an x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed to be necessary by a licensed physician, and agree to accept full financial responsibility for these services. All information on this form is correct to the best of my knowledge.

Signed _____ Date _____

Minor Health Release/Permission for Treatment

Authorization for Minor-Parent/Guardian Please Read Carefully and Sign

The Health History Information is correct and up-to-date to the best of my knowledge. My child has permission to engage in all activities, except as listed below:

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the team directors to order x-rays, routine tests and treatment for my child if I cannot be reached in an emergency. I also give permission to hospitalize, secure treatment, and order injections, anesthesia, or surgery for my child,
_____, and agree to accept full responsibility for these services.

Signed _____ Date _____
Parent/Guardian