Teen Missions International, Inc. 885 E. Hall Road, Merritt island, FL 32953 Tel: (321)453-0350 Fax: (321)452-7988 www.teenmissions.org



Minor Release of Liability and Waiver of Rights

THE UNDERSIGNED, AS PARENT(S) AND/OR LEGAL GUARDIAN(S) OF

(Insert Full Legal Name)	, DATE OF BIRTH	("MINOR") Child-1
(Insert Full Legal Name)	, DATE OF BIRTH	("MINOR")Child-2
(Insert Full Legal Name)	, DATE OF BIRTH	("MINOR")Child-3
(Insert Full Legal Name)	, DATE OF BIRTH	("MINOR")Child-4
	HEREBY WAIVE CERTAIN LEGAL RIGHTS NAL, INC., A FLORIDA NOT FOR PROFIT CO	
ACTIVITY:	DATE OF ACTIVITY:	
(Including any transportation provided to		

<u>COVENANTS AND AGREEMENTS</u>. I/We, on behalf of myself/ourselves and the Minor, hereby irrevocably and unconditionally agree for the Minor, myself/ourselves, my/our personal representatives, my/our heirs, next-of-kin, insurers, successors and assigns, as follows:

- 1. ASSUMPTION OF RISK. It is my/our choice to allow the Minor to participate in the Activity named above and such decision is knowing, voluntary, and made for the Minor's personal enjoyment. I/We understand that the Minor's participation in the Activity involves inherent risks and dangers of accidents, rescue operations, emergency treatment, property loss or damage, serious personal and bodily injury, death, and severe personal and economic losses. These may result not only from the Minor's own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, or the condition of the facilities, equipment or vehicles. Further, I/we acknowledge there may be other risks not known to me/us or the Minor are reasonably foreseeable at this time. THIS MEANS I/WE UNDERSTAND AND I/WE HAVE CONSIDERED THE RISKS INVOLVED, AND I/WE VOLUNTARILY AND FREELY CHOOSE TO ASSUME THESE RISKS ON BEHALF OF MYSELF/OURSELVES AND THE MINOR.
- 2. RELEASE FROM LIABILITY. I/We, on behalf of myself/ourselves and the Minor, fully and forever release and discharge Teen Missions International, Inc. and its respective affiliates, directors, officers, employees, volunteers, agents, and insurers (collectively referred to in this Release and Waiver as "Teen Missions") from any and all injuries (including death), losses, damages, claims (including negligence claims), demands, lawsuits, expenses, and any other liability of any kind, of or to the Minor, me/us, our property, or any other person, directly or indirectly arising out of or in connection with the Minor's participation in the Activity. THIS MEANS I AM/WE ARE MAKING THIS RELEASE FROM LIABILITY EVEN IF ANY CLAIMS THE MINOR OR I/WE MAY HAVE ARE A RESULT OF THE NEGLIGENCE, INJUDICIOUS ACT, OMISSION OR OTHER FAULT OF TEEN MISSIONS. NOTWITHSTANDING THE FOREGOING, THIS WAIVER DOES NOT RELEASE TEEN MISSIONS FROM GROSS NEGLIGENCE OR WILLFUL MISCONDUCT.
- 3. INDEMNITY. I/We, on behalf of myself/ourselves and the Minor, will defend, indemnify, hold harmless and reimburse Teen Missions from and for all damages, losses, costs, or expenses (including legal fees) incurred by Teen

Missions or paid by them to any person (including me/us or my/our insurers) in respect of any accident, injury (including death), loss, or property damage, however caused resulting from, arising out of, or otherwise in connection with the Minor's participation in the Activity. THIS MEANS I/WE WILL REIMBURSE TEEN MISSIONS IF ANYONE MAKES A CLAIM AGAINST TEEN MISSION IN CONNECTION WITH THE MINOR'S PARTICIPATION IN THE ACTIVITY.

- 4. COVENANT NOT TO SUE. I/We, on behalf of myself/ourselves and the Minor, will not initiate any claim, lawsuit, court action or other legal proceeding or demand against TEEN MISSIONS, nor join or assist in the prosecution of any claim for money or other damages which anyone may have, on account of injuries (including death), losses, or damages sustained by me/us, other parties or my/our (or others') property in connection with the Minor's participation in the Activity, and I/we waive any right I/we or the Minor may have to do so. THIS MEANS THAT I/WE OR THE MINOR CANNOT SUE TO HOLD THE TEEN MISSIONS RESPONSIBLE FOR ANY INJURY, LOSS, OR DAMAGE SUSTAINED BY THE MINOR, ME/US, OTHER PARTIES OR OUR (OR OTHERS') PROPERTY IN CONNECTION WITH THE ACTIVITY, EVEN IF IT IS DUE TO THE NEGLIGENCE, INJUDICIOUS ACT, OMISSION OR OTHER FAULT OF TEEN MISSIONS. I/We, on behalf of myself/ourselves and the Minor, waive my/our insurers' right to make a claim against Teen Missions based on payments by insurers to the Minor, me/us or on our behalf for any reason. THIS MEANS MY/OUR INSURERS HAVE NO RIGHTS OF SUBROGATION AGAINST TEEN MISSIONS.
- 5. MEDICAL EXPENSES. I/We, on behalf of myself/ourselves and the Minor, hereby consent to the Minor's receipt of medical treatment which may be deemed necessary in the event of any illness, accident or injury or medical emergency resulting from or in connection with the Minor's participation in the Activity and understand that I am/we are solely responsible for all costs related to such medical treatment or medical transportation; and will reimburse the Teen Missions for any medical expenses paid on the Minor's behalf.

Missions for any medical expenses paid on the Minor's b	chalf.
Family Physician:	Phone:
Medical Insurance Company:	
Group/Policy #:	Member #:
6. PUBLICITY. I/We, on behalf of myself/ourselves and the Minor, h likeness in connection with the Activity for any publicity without further	ereby grant Teen Missions, without limitation, the right to use the Minor's name and compensation or permission.
CONTAINED HEREIN, FULLY UNDERSTAND ALL THE TERMS, MINOR, AM/ARE VOLUNTARILY GIVING UP SUBSTANTIAL L	IVER OF RIGHTS, INCLUDING THE COVENANTS AND AGREEMENTS UNDERSTAND THAT I/WE, ON BEHALF OF MYSELF/OURSELVES AND THE EGAL RIGHTS BY SIGNING BELOW, AND HAVE SIGNED THIS RELEASE, ED HEREIN, FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT, O ME/US.
INFORMATION THAT WOULD INFLUENCE THE DECISION OF	TEMENTS AND I/WE DECLARE THAT I/WE HAVE NOT WITHHELD ANY F TEEN MISSIONS IN ALLOWING THE MINOR TO PARTICIPATE IN THE RTATION PROVIDED BY ME, TEEN MISSIONS OR OTHER PARTIES.
Signature (Parent or Legal Guardian)	Date
Print Name	Phone
Signature (Parent or Legal Guardian)	Date
Print Name	Phone

