



Mission Trip Participants: Release and Waiver of Liability Form

I, the undersigned, will be participating in a short-term mission trip to Spanish Wells, Bahamas (hereafter the "mission trip") from July 5, 2026, to July 11, 2026.

I recognize that there are risks involved in participating in the mission trip and hereby assume all risk of injury, harm, damage, or death in connection with my participation in it. I understand and agree that neither Planting New Life Missions; nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this mission trip and hereby release Planting New Life Missions; its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in the mission trip. To the fullest extent permitted by law, I agree to save and hold harmless Planting New Life Missions; its trustees, officers, directors, employees, agents, and representatives from any claim by myself, my estate, heirs, successors, assigns, or other persons arising out of my participation in the mission trip.

I authorize Planting New Life Missions, through its trustees, officers, directors, employees, agents, or representatives, to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm, or accident occur to me while participating in the mission trip.

I understand and acknowledge that Planting New Life Missions does not provide health or medical insurance in connection with the mission trip. I agree to be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the mission trip.

Executed this ____ day of _____, 20__.

Printed Name _____

Signature _____

Witness: _____

Witness: _____

Emergency Contact Name _____ Phone Number _____