

## RISK AND MEDICAL RELEASE FORM

Participant's Name: \_\_\_\_\_

I acknowledge that participation in the Israel trip March 8-20, 2024 involves risk to the Participant (or parent/guardian, if Participant is under 21 years of age collectively included hereinafter in the term "Participant"), and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the Israel trip, the Participant acknowledges and accepts the risk of injury associated with participation in the trip. The Participant accepts personal financial responsibility for any injury sustained during the trip. Further, the Participant promises to indemnify, defend, and hold harmless Word of Life Fellowship, Inc. and its agents, employees, volunteers, or any other representatives (collectively included hereinafter in the term "WOL") for any injury related directly or indirectly out of the above trip, whether such injury arises out of the negligence of WOL or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant agrees to resolve the matter through a mutually acceptable alternative dispute resolution process.

Is sponsor authorized to approve medical treatment?      \_\_\_ Yes \_\_\_ No

\_\_\_\_\_   
Emergency contact phone number

Is participant covered by personal/family medical insurance?      \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Spouse (if married) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**If the Participant is under 21 years of age, the following must also be signed and notarized (in addition to the above).**

I do hereby give permission for my above son/daughter to travel and participate in the activities of the Israel trip March 8-20, 2024.

I understand that you will exercise, to the best of your ability, standards of control for the best interests of the group. Therefore, I do give my permission for you to make any decisions and carry out any disciplinary action necessary to connect with my son/daughter during the above period of time.

In the event I cannot be reached in an emergency, I hereby give permission for authorized personnel of Word of Life Fellowship, Inc. to make any medical or legal decisions as may be deemed necessary. Furthermore, I will not hold Word of Life, Inc. liable for any damages to the participant caused by an accident while under your control. I agree that I will be solely responsible for any emergency expenses that may arise for my child's care during this trip.

In the case of an emergency, contact me at the following phone number(s):

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
Mobile Phone

If Participant is under the custody of both parents, both parents' signatures are required.

If not, only the signature of the parent who has custody is required.

\_\_\_\_\_  
FATHER / GUARDIAN (Print Name)

\_\_\_\_\_  
FATHER / GUARDIAN (Signature)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MOTHER / GUARDIAN (Print Name)

\_\_\_\_\_  
MOTHER / GUARDIAN (Signature)

\_\_\_\_\_  
DATE

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY (Print Name)

\_\_\_\_\_  
NOTARY (Signature)

NOTARY SEAL REQUIRED FOR  
PARTICIPANTS UNDER 21

**This page to be received by the WOLBI office no later than January 9, 2024.**