

# MISSIONLAB RELEASE FORM

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ (adult size)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Group Name: \_\_\_\_\_

Group Leader: \_\_\_\_\_

In Emergency Notify/Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_

Physician: \_\_\_\_\_ Tel: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Tel: \_\_\_\_\_ Policy #: \_\_\_\_\_

Are there any medical concerns that MissionLab should be aware of? \_\_\_NO \_\_\_YES

If Yes, please explain: \_\_\_\_\_

## Release of Liability/Video Permission

**I do not hold MissionLab or New Orleans Baptist Theological Seminary liable for any injuries, accidents, or illnesses incurred during this trip. I am fully aware of the risks involved in the activities I will be participating in. I understand that I am responsible for the expenses of my medical care and that my insurance is primary. No other insurance is provided. Furthermore, I give my permission for MissionLab or any of its agencies to use pictures, videos, or audio obtained during the mission experience in promotional or other materials as deemed necessary.**

Guardian Signature: \_\_\_\_\_ Print Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **\*\*\*Notorization Required\*\*\***

Be it known, that on this \_\_\_\_\_ day of the month of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned authority, personally came and appeared \_\_\_\_\_, to me personally known and known by me to be the person whose genuine signature is affixed to the foregoing document, who signed and said document before me and in the presence of the two witnesses whose names are thereto subscribed as such, being competent witnesses, and who acknowledged, in my presence and in the presence of said witnesses, that he signed the above and foregoing document as his own free act and deed and for the uses and purposes therein set forth and apparent.

In witness whereof, the said appearer has signed these presents and I have hereunto affixed my hand and seal, together with the said witnesses on the day and date first above written.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public