



WAIVER OF LIABILITY AND EMERGENCY AUTHORIZATION

I am participating in The Outreach Foundation mission trip on _____ (dates) of my own free will and understand that I should not participate unless I am physically and medically able. In consideration of The Outreach Foundation allowing me to participate, I assume full and complete responsibility for any injury, accident or illness that may occur while I am traveling to or from _____ (departure city) and during my travel to _____ (destinations).

I give any licensed, practicing physician or hospital full authority to provide emergency medical treatment for me in the event such treatment is needed or necessary and I am not able to make such a decision. I also hereby give my permission for a licensed, practicing physician to administer whatever medical treatment he/she may deem necessary for me in the event of any medical emergency affecting me.

I understand that any expenses that are incurred by me due to accident or illness are my responsibility and not the responsibility of The Outreach Foundation. I also am aware of and assume all risks associated with participating in this mission trip. I, for myself and my heirs and executors, hereby waive, release and forever discharge The Outreach Foundation, its trustees and staff, its agents, representatives, successors and assigns, and all other persons associated with the mission trip, for any and all liabilities, claims, actions, damages, costs and/or expenses that I may have against them arising out of or in any way connected with my participation in this mission trip. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise.

Signature _____

Name (printed) _____

Date _____

**Please return to:
Carol Dublin
The Outreach Foundation
381 Riverside Drive, Suite 465
Franklin, TN 37064**