

**ETHIOPIA MEDICAL MISSION TRIP
WAIVER OF LIABILITY**

In consideration of participating in the Ethiopia Medical Mission, which is in a foreign country with limited facilities, I agree to release and hold harmless the Mission, the Church, its officers and agents, from any liability to or responsibility for bodily injury, damage or illness to myself while participating in the Mission activity which may be directly or indirectly sponsored by the Mission. Further, I agree to indemnify and hold harmless the Mission and the Church, its officers and agents with respect to any claim asserted as a result of bodily injury, illness, or damage.

To ensure that the Mission is able to care for me in the event of an emergency, I not here the medical conditions, if any, for which I am currently receiving treatment and also the corresponding prescription medications.

I also provide here the information for my travel medical insurance (Provider, Policy Number) understanding that if I do not acquire travel medical insurance the Mission is not responsible for any costs of medical treatment or transportation which I incur.

SIGNATURE: _____

NAME: _____

DATE: _____