Medical Release Form

Release, waiver of liability, and medical authorization

Must be read and signed by every team member age 18 or older. For participants under 18, a parent or legal guardian must sign both this form and the notarized Parental Consent Form.

Participant's name:		Date of birth:	
Address:		Phone:	
City / State / Zip:		Trip destination:	
Trip dates:			

1. Acknowledgment and Assumption of Risk

In consideration of being permitted to participate in the mission trip identified above (the "Trip"), sponsored by ASON International, I acknowledge that the Trip involves inherent risks, including but not limited to: international and domestic travel; transportation in vehicles, aircraft, and boats; construction, manual labor, and ministry activities; exposure to illness, disease, and limited sanitation; food- and water-borne conditions; medical care that may not meet the standards I am accustomed to; theft or loss of property; and civil or political instability. I understand conditions where I (or my child) will travel may not meet the standards of my home community. Knowing these risks, I voluntarily choose to participate and assume all risks of the Trip, whether known or unknown, foreseen or unforeseen.

2. Release and Waiver of Liability

To the fullest extent permitted by law, I hereby release, waive, and discharge ASON International and its Trip Directors, Team Leaders, trustees, officers, directors, employees, volunteers, agents, and their respective heirs, administrators, executors, successors, and assigns (together, the "Released Parties") from any and all claims, demands, and liabilities of every kind, whether known or unknown, which arise from or are connected in any way with my participation in the Trip, including claims arising from the ordinary negligence of any Released Party. I understand this is a full and complete waiver of all possible claims, including claims for injury, illness, death, or property damage, and that it covers unknown, unforeseen, unanticipated, and unsuspected losses; I expressly waive the protection of any law providing that a release does not extend to claims unknown at the time of signing. This release does not extend to acts or omissions for which a release is prohibited by applicable law.

3. Indemnification

I agree to indemnify, defend, and hold harmless the Released Parties from any claim, loss, damage, or expense (including reasonable attorney's fees) brought by me, on my behalf, or by any third party, arising out of or related to my conduct or participation in the Trip.

4. Medical Authorization and Expenses

In the event of an emergency, I authorize the Trip Director or any Team Leader, as my agent, to consent to any x-ray examination; medical, dental, or surgical diagnosis or treatment; and hospital care advised and supervised by a physician, surgeon, or dentist licensed under the laws of the state or country where services are rendered. I expect my family to be contacted as soon as reasonably possible. I understand that I am responsible for all costs of medical treatment, evacuation, and repatriation not covered by my insurance, and that the Released Parties do not assume responsibility for such costs.

5. Dispute Resolution, Governing Law, and Severability

Should any dispute or controversy arise out of or relating to this Release or the Trip, I agree to first seek resolution according to biblical principles through Christian conciliation or mediation. This Release is governed by the laws of the State of Florida. If any provision of this Release is held invalid or unenforceable, the remaining provisions shall continue in full force and effect.

I certify that I am of lawful age and competent to sign this Release, that I have read and understand it, and that I sign it voluntarily.

Participant's signature (age 18 or older)	*Printed name*	*Date*

Parent/Guardian signature (for participants under 18) — signing individually and on behalf of the minor	*Printed name*	*Date*