



# The Land Mission Participant: Medical and Liability Release Form

840 South Powhaton Rd.  
Aurora, CO 80018  
720-955-4799

I, \_\_\_\_\_, authorize, \_\_\_\_\_

to participate in The Land mission program on the following dates \_\_\_\_\_.

I understand that this participation will include a high level of physical exertion in an outdoor environment exposing the participant to potentially high temperatures. I also understand that the participant will be required to wear boots that cover their shins in order to participate in this mission program and that if the participant does not wear boots covering their ankles, they will not be permitted to participate in the programming.

Home Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

**Blood Type** \_\_\_\_\_ Do you have? **Diabetes** \_\_\_Yes \_\_\_No **Seizures** \_\_\_Yes \_\_\_No

**Physical Limitations** \_\_\_\_\_

**Additional Medical Information** \_\_\_\_\_

## Liability Release

In consideration of participant being permitted to participate in The Land Mission Program:

We/I, do for ourselves (myself and/or on behalf of my child participant in said child is not 18 years of age or older) do hereby release, forever hold harmless and indemnify The Land Corp. and employees for any damage, injury or death to myself or to any person or property, whether caused by their negligence or for any reason, in any way connected with my preparation or participation in this mission program.

We/I agree to assume any and all risks of injury, death, sickness, damage, and expense(s) which might be associated with or result from participation in this event.

We/I realize that the stated participant is voluntarily choosing to participate in said event.

We/I acknowledge that participating in said even and related activities can be potentially hazardous and that We/I have made a voluntary choice to participate in those activities despite the risks they present.

- Furthermore, authorization and permission is given to furnish any necessary transportation, food and lodging for this participant and will not hold the church or any individual liable for any damage or injuries.
- Further, We/I authorize and grant permission to take participant to a doctor or hospital and hereby authorize medical treatment including but not limited to emergency surgery and medical treatment, and assume the responsibility of all medical bills, if any. We/I also authorize first aid to be given by a trained leader when deemed necessary for the health of said participant.
- Further, we/I realize that neither the church nor any person besides participant is responsible for their personal belongings.
- We/I, the undersigned, have carefully read and understand this agreement and all of its terms.

I, \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_, give my permission for him/her to participate in The Land Mission program.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_