



Release of Liability, Consent, & Agreement

Tijuana Christian Mission ♦ P.O. Box 437930 ♦ San Ysidro, CA 92143 ♦ Office: 619-240-8650
♦ www.tijuanachristianmission.org ♦ Email: TCM@tijuanachristianmission.org ♦

Participant's Name _____ Birthdate _____ Age _____
Address _____
City _____ State/Prov _____ ZIP Code _____
Email _____ Phone _____

This form must be read and signed by Participant. Please initial each item and sign and date at the bottom.
(If Participant is under 18, Participant's Parent or Legal Guardian must read and sign as well.)

_____ I authorize Tijuana Christian Mission, its agents, Board of Directors, staff, and any associated volunteers (hereafter referred to as "TCM"), to release any and all medical information or records to any party deemed necessary by TCM, and to assign for the providing of medical treatment to the Participant. I also release and agree to indemnify TCM for any and all damages, liability, or costs resulting from the authorizing of medical treatment on Participant's behalf under the terms of this consent. I further hold TCM harmless from any and all costs, damages, or expenses incurred by TCM as a result of any claim or action filed by any party alleging damages incurred as a result of any medical treatment provided or authorization for treatment provided.

_____ I am aware that serious illness or injury may occur on a mission trip and that such illness and injury may result in Participant or myself incurring costs, expenses, and damages for which I am solely responsible, including but not limited to, returning of Participant by air ambulance or other extraordinary means. I also understand that mission trips may be associated with risk of bodily harm, death, and/or damage to or loss of personal possessions resulting from, without limitation, inclement weather, transportation accident, or terrorism. I personally assume all such risks, whether foreseen or unforeseen by TCM or Participant. I hereby release and hold harmless TCM from all liability for personal injury, including death, as well as all property damage or loss arising out of Participant's participation in this trip. I understand that this release and indemnification also releases liability for the conduct of TCM.

_____ I understand that certain circumstances may occur resulting in Participant's need for medical/dental care or treatment, and further resulting in Participant's or Participant's Parents' or Legal Guardians' inability to personally give consent for such care and treatment. In consideration of permission from TCM for Participant to participate in said mission trip, Participant (or Participant's Parent or Legal Guardian) authorizes TCM or any of its designated agents to act on Participant's behalf should Participant be unable to do so and to consent to all medical/dental care and treatment, including but not limited to diagnostic tests, x-ray examination, anesthesia, surgery, or other procedures which TCM deems necessary for Participant's well-being for the duration of the mission trip. This consent is given in advance of any specific diagnostic tests, treatments, surgeries, or medications, and is given to provide authorization and specific consent for medical/dental treatment and care on Participant's behalf. Any consent given by TCM shall have the same force and effect as if Participant (or Participant's Parent or Legal Guardian) had personally given consent.

_____ I understand that the rules and regulations of TCM are specifically designed to ensure the safety and well-being of each Participant and to maintain the high degree of Christian integrity required to minister effectively in a cross-cultural setting. These rules and regulations are enforced by TCM staff. Enforcement shall occur in a manner which TCM staff feels is in accordance with Christian principles and the stated purpose of the mission trip. I agree to fully cooperate with TCM in any disciplinary decisions made, and I understand that TCM reserves the right to send home any Participant that shows disregard for the stated rules and regulations. I further understand that Participant (or Participant's Parent or Legal Guardian) is responsible for any cost involved in sending Participant home. These costs may include, but are not limited to, airfare or other transportation, hotel, and food for Participant and a chaperone. I have read and understand the rules of TCM as stated in the "Rules" (located online at www.tijuanachristianmission.org/rules.html), and I agree to abide by them for the duration of the mission trip.

_____ I have read and understand the above information. My signature below signifies my approval of all limitations listed above as well as my agreement with the accountability/behavioral agreement and gives TCM the right to use my picture, voice, and/or testimony in any form of promotional or advertising materials.

Participant's Signature _____ Date _____

If Participant is under 18, at least one signature is required below.

Father/Guardian
Printed Name _____
Signature _____
Date _____

Mother/Guardian
Printed Name _____
Signature _____
Date _____