

# Consent and Release of Liability

**Please Print and Provide All Information Requested.**

**IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.**

_____	<u>Mexico Mission Trip 2011</u>
Name of Participant	Activity
<u>St. Mary &amp; St. Mark C.O.C Mexico</u>	<u>July 30<sup>th</sup>, 2011 – August 7<sup>th</sup>, 2011</u>
Activity Location	Dates of the Activity

## **Consent to Attend and Participate in the Activity**

I hereby give permission for Participant to attend and participate in the Activity. I understand and agree that participation in (“Activity”) is a privilege to which the Participant named above (“Participant”) is not otherwise entitled. In consideration of that privilege, I am signing this Consent and Release of Liability. If Participant is under eighteen (18) years of age then a Parent or Legal Guardian must sign this form and give their contact information.

## **Release of Liability**

I represent that I have been informed about the nature of the Activity and that I understand that it is an inherently risky venture. Prior to Participant’s involvement in the Activity, I understand that involvement of Participant in the Activity may involve risk of property damage and of personal injury, illness or even death of Participant, including but not limited to the risks arising from transportation–related activities, outdoor activities, indoor activities, accidents in and around buildings, weather conditions, and injuries and illness as a result of illnesses from food and allergic reactions and other dangers associated with traveling inside or outside the United States of America and Canada. In addition, I understand that there may be other risks inherent in Activity of which I may not be aware.

By signing this Consent and Release of Liability, I am stating that Participant is fully capable of safely participating in all activities, and I expressly assume all risks of Participant’s involvement, whether such risks are known or unknown to me at this time. I further generally release the Coptic Orthodox Patriarchate- See of St Mark and all its Dioceses including the Coptic Orthodox Diocese of the Southern United States, Churches, Monasteries, the Coptic Orthodox Evangelism Fellowship of North America, and Coptic Evangelism in North America Group (hereafter all entities referred to as “Patriarchate”) and its Bishop, Priests, Board Members, Servants, volunteers, members, leaders, managers, owners, and agents, and other Participants at the Activity, from any and all claims that I or Participant may have against any of them as a result of property damage or personal injury, illness or death of Participant as a result of participation in Activity, whether on or off Activity grounds. I agree that this

release covers the ordinary, special and inherent risks described above, and any other risks that I may not know about or think could possible at this time. This Release of Liability is given on behalf of myself, the Participant, and the heirs, family, estate, administrators, executors, personal representatives and assigns of me and Participant.

**Consent to Medical Treatment**

If Participant experiences an injury or illness, or has other medical needs, I authorize the Activity's servants, volunteers, members, leaders, and agents to make such arrangements for Participant's health and safety, including but not limited to first aid, emergency medical care, ambulance or other transportation to a hospital, medical office, or clinic, testing and examination, and hospital care, and other medical care and treatment (including dental care) as they feel is appropriate under the circumstances. I further agree that I am fully responsible to pay all charges and expenses relating to such care, transportation and treatment and I hereby fully release the Patriarchate and its Bishop, Priests, Board Members, Servants, volunteers, Members, managers, leaders, owners, and agents, and other Participants at the Activity, from any claims, including claims for medical charges, prescription costs and other expense, I might have as a result of such care, transportation and treatment. My signature below also serves to indicate my willingness for my Health Insurance Company to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by insurance.

**Other Releases and Acknowledgements**

I understand that Patriarchate does not provide for transportation to and from the Activity and that it is my responsibility, as the parent or guardian, to either provide or arrange for transportation of Participant. I represent and warrant that I as the Participant am of legal age, or a parent or legal guardian of the Participant, named above and have the full power and authority to enter into this Consent and Release of Liability on behalf of the Participant. By signing below, I acknowledge that I have read and understand this document I also represent that all information provided is accurate.

**I also read the United states Department of State travel warning for Mexico listed on April 12, 2010, which was superseded by another warning on May 06, 2010, and I am still going on my own risk and hereby releasing the Patriarchate from any responsibilities or claims.**

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Name Printed

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Signature

Date Signed

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Phone

**In case of emergency, you may contact:**

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Print Name

Daytime Phone

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Evening Phone

Cell Phone