



Please **PRINT** and sign this form and then fax, email or mail the signed form to Forward Edge International.

Liability Release

Date of Trip:

Destination:

Team Number:

Team (Name of Church Group/Organization):

Forward Edge International is a relief and development organization that mobilizes ordinary people like you to share Christ's love with those affected by poverty, disaster and sickness in the U.S. and around the world. Sending volunteers around the world has many risks, but we believe God desires to use ordinary people to share His love, rather than only those with doctorate degrees and dozens of credentials. In fact, ordinary people like you *will* change the lives of those you serve FOREVER! We understand that you are going outside your comfort zone to help the destitute of the world. Thank you for partnering with us to help those in desperate need; and for trusting Forward Edge International to provide a wonderful, safe and memorable mission trip. We hope this mission trip changes your life and your view of the world forever.

I certify that _____ is willing to participate and/or travel with Forward Edge International (FEI) and that if I am under the age of 18, my parent(s) or legal guardian(s) fully support my participation.

Applicant's Name

I trust Forward Edge International (FEI) and its affiliates to effectively reach the poor, destitute and hurting of the world through volunteers like me. I know that FEI will work hard to ensure my safety during my travels and therefore release Forward Edge International (FEI) and its affiliates from any liability arising out of an injury, illness, damage or loss that I may sustain during my trip with Forward Edge.

Print Applicant's Name:

Date:

Applicant's Signature (or legal guardian, if applicant is under 18 years of age):

Relationship to Applicant, if applicable:

—see back—



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Medical Release

Medical Liability and Treatment

I agree to let the group leader and/or facilitator make medical decisions on the behalf of _____
Applicant's Name
in the case of an emergency during the trip.

I agree to the performance of required treatment, anesthetics and operations that are deemed necessary on the said person in the opinion of the attending physician.

I assume responsibility for all medical bills for the said person. Should it be necessary for the said person to return home for medical reasons, I will assume total transportation costs, if any.

Print Applicant's Name:

Date:

Applicant's Signature (or legal guardian, if applicant is under 18 years of age):

Relationship to Applicant, if applicable:

Medical Insurance

Name of Medical Insurance Company:

Policy Number:

Everyone should have an opportunity to change a LIFE.

Thank you for being that person!