



Please fill out the applicable fields below, sign where indicated, and return the completed form to FEI by emailing to fei@forwardedge.org or mailing to PO Box 1510, Brush Prairie, WA 98606.

Liability & Medical Release

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 US 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 a long list 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 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
(Print Applicant’s name)

Forward Edge International and that if I am under the age of 18, my parent(s) or legal guardian(s) fully support my participation. I trust Forward Edge (FE) and its affiliates to effectively reach the poor, destitute, and hurting of the world through volunteers like me. Forward Edge International and that if I am under the age of 18, my parent(s) or legal guardian(s) fully support my participation. I trust Forward Edge (FE) and its affiliates to effectively reach the poor, destitute, and hurting of the world through volunteers like me. I acknowledge that participation in the activity described above involves risk to the participant (and to the participant’s parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the “activity”), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the “activity sponsor”). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

_____ Applicant’s Signature (or legal guardian if applicant is under 18 years of age. Must be handwritten.)

_____ Date

_____ Relationship to Applicant (if applicable)

Medical Liability and Treatment:

I agree to let the group leader and/or Forward Edge facilitator/staff member make medical decisions on the behalf of

(Print Applicant's name)

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. In the case of a minor, every effort will be made to contact the parent or legal guardian prior to action via the emergency contact information provided in the applicant's registration information. In the event that life, limb, or other vital systems are at risk, I understand that the attending physician may need to proceed without further parental consent. 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. Reimbursement through trip insurance occurs after all documentation and receipts are submitted and approved in accordance with the insurance company's claims process.

Applicant's Signature (or legal guardian if applicant is under 18 years of age. Must be handwritten.)

Date

Relationship to Applicant (if applicable)

Medical Insurance

Name of Medical Insurance Company

Policy Number