# **International Trip Release Form**

## **Statement of Purpose**

FCA International does everything possible to ensure that all participants enjoy a safe and life-changing experience. As part of our commitment to safety, we want to inform you that your trip and activities are not free from risk. These activities may include using power tools, working off the ground on ladders and roofs, camping and many sports activities. We do not want to reduce your enthusiasm for the experience or to cause you to be overly concerned, but we do want you to be aware of the risks that are involved.

FCA International further wishes to inform you that the personal information you provide will be used strictly for administrative and operating purposes. Examples may include, but are not limited to, compilation of trip rosters, record keeping for insurance purposes, and situations of professional or emergency medical treatment. The information you provide will be kept safe to the best of our ability, and we will not release or share your information for other purposes without permission from you.

## **Participant Information**

Participant Name (as on driver's	license)			
Gender	D.O.B.	Age		
Home Address				
City		State	ZIP	
Home Phone		Cell Phone		
Parents/Guardians				
		Emergency Contact		
You must list three co	ontacts in case of emer	gency in order of priority to be	contacted.	
1. Name		Relationship		
Home Phone		Cell Phone		
2. Name		Relationship		
Home Phone		Cell Phone		
3. Name		Relationship		
Home Phone		Cell Phone		

#### **Health and Insurance Information**

Are there any health concerns or physical limitations that we need to be aware of?

Do you carry family medical or hospital insurance? If yes, please list your policy information below.

Carrier:	
Name of Policy Holder:	Group/Policy #:

NOTE: FCA Insurance covers all trip participants (staff and volunteers) for accidents or injuries that occur while doing ministry work. However, for health-related matters (e.g. if you have appendicitis while on the trip), you will need to have international medical insurance. Your Trip Leader will help you obtain this insurance.

## Acceptance of Risk and Release of Liability

I do understand the risks involved in participating in a trip with FCA International. I assume full responsibility for myself, or my child if a minor, for any and all risks.

I understand FCA International reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in its activities. I therefore certify that the medical and health information I have provided on this form is true and accurate to the best of my knowledge. I, or my child if a minor, am/is in good physical condition and therefore fully capable of participating in and able to undertake all of the activities involved in a FCA experience. I, or my child if a minor, do/does not have any medical condition that would prevent my, or his/her, participation except for those restrictions listed under health concerns/limitations.

I, or my child if a minor, agree not to use alcohol or illegal drugs while participating in FCA. I also assume full financial responsibility for any physical damage to persons or property caused by myself, or my child if a minor.

I hereby authorize and release to FCA the use of my image, or my child's if a minor, in a video recording or photograph for any purpose of the Fellowship of Christian Athletes.

I hereby give permission for any qualified medical personnel to render necessary emergency medical care for myself, or for my child if a minor. I also give said personnel the permission to make any necessary judgment decisions. I certify that I have adequate health, disability, and life insurance for myself, or for my child if a minor.

I agree that, should there be an issue or dispute as to the validity of any release that I have signed, this document shall supersede any other document that I have read and signed about my legal rights concerning FCA. I also understand that the terms of this agreement shall continue to be in effect even after the trip has ended.

sessment in their opinion is considered to	oo dangerous for the	area being trav	veled to.	
Therefore I,			, of m	y own free will, for my
family, my children who are minors, my he the risks and liability for myself and my fa	eirs and executors, a	nd myself, have	read, unde	rstand, and acknowledge
Participant Signature	Printed Name	e of Parent/Guardian (if	a minor)	
Printed Name of FCA Participant	Printed Name	e of Parent/Guardian		
Release	e for Participant	ts under Ag	e 18	
I/We	and _			
give my/our permission for my/our child(r	en)			
to travel with FCA to				
on these specified dates:	·			
Parent/Guardian Signature		e of Parent/Guardian		
Parent/Guardian Signature	Printed Name	e of Parent/Guardian		
These signatures mus	st be notarized for p	oarticipants und	der the age	of 18.
State of	, Count	y of		
Sworn to (or affirmed) and subscribed be	efore me this day	of	<u> </u>	, 20
by				, who is personally
known or produced identification.				
My commission expires:				
Notary Signature:				
Printed Name of Notary:				

This trip can be cancelled at any time before the trip commences by the FCA International Office if the risk as-

This page must be carried with the Trip Leader on the Trip.