

**Bent Tree
Mission Journey**

RELEASE OF LIABILITY – Minor

I give consent for _____ to participate on the Mission Journey to (location) _____ on (date) _____. In the event _____ is injured while under the care of Bent Tree and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician. I further agree to hold Bent Tree and its representatives free and harmless of any claims, demands, or suits for damages arising from the authorization and provision of such medical treatment. I understand the nature of this event and do hereby release Bent Tree and its representatives from any liability due to accidents or injuries incurred by my son/daughter.

I hereby give permission to the physician selected by an adult sponsor for Bent Tree to secure proper treatment (including hospitalization and surgery) for my son/daughter.

I also understand and accept that Bent Tree and its leadership has reasonable rules for conduct for those taking part in its programs. I understand that the use of illegal drugs, alcohol and tobacco are forbidden. I agree to support Bent Tree in its discipline procedures, including payment for the cost of a trip home in event that my student is sent home for possession of the three forbidden items or other conduct that deems necessary.

The Bible commands us to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (Matthew 18:15-20; I Corinthians 6:1-8). Therefore, the parties agree that any claim or dispute arising from or related to this RELEASE shall be settled by the Conflict Resolution and Arbitration provisions in the Bylaws of the Church. The foregoing arbitration provision does not diminish or limit the effect of the release herein. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this RELEASE and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

Minor's Name:		
Parent or guardian Signature:	Phone Number:	Date:
Physician's Name and Number:	Insurance Company Name:	
Policy Type:	Policy Number:	
Medications or Allergies:		

Acknowledgement Required