



**Rich Mar Rotary
Appalachia Mission Impact Club
P.O. Box 96
Gibsonia PA 15044**

**Website: <https://appalachiamissionimpact.org/>
Email: mullensappalachia@gmail.com**

Appalachia Mission Trip Liability Waiver

I, _____, hereby acknowledge that I have voluntarily applied to participate in the mission trip organized by the Rotary Appalachia Impact Club scheduled to take place from June 9, 2024 to June 14, 2024.

In consideration for being permitted by the Rotary Appalachia Impact Club to participate in this mission trip, I hereby agree to release, indemnify, and hold harmless the Rotary Appalachia Impact Club, its officers, directors, employees, agents, and volunteers from any and all claims, demands, causes of action, damages, or liabilities whatsoever, including but not limited to those for personal injury, property damage, or wrongful death, arising out of or in connection with my participation in the mission trip.

I understand and acknowledge that participating in the mission trip involves certain risks and dangers, including but not limited to travel risks, physical exertion, and exposure to unfamiliar environments and cultures. I voluntarily assume all risks associated with my participation in the mission trip, including the risk of injury, illness, or death.

I certify that I have my own health and travel insurance coverage that will be in effect during the entirety of the mission trip. I understand that the Rotary Appalachia Impact Club does not provide insurance coverage for participants and that I am solely responsible for any medical expenses or other costs incurred as a result of injury or illness during the mission trip.

I agree to abide by all rules and instructions provided by the Rotary Appalachia Impact Club and its designated representatives before and during the mission trip.

In the event of injury or illness during the mission trip, I authorize the Rotary Appalachia Impact Club and its designated representatives to arrange for and consent to any necessary medical treatment, including but not limited to emergency transportation, surgery, hospitalization, and medication. I understand that Rotary Appalachia Impact Club will make reasonable efforts to contact emergency contacts listed by me, but I authorize the Rotary Appalachia Impact Club to proceed with necessary medical treatment even if unable to reach such contacts.

I understand that the Rotary Appalachia Impact Club may use photographs, videos, or other media taken during the mission trip for promotional purposes. I hereby grant the Rotary Appalachia Impact Club the right to use my name, likeness, and image for such purposes without compensation or approval.

If I am under the age of 18, my parent or legal guardian has carefully read and fully understands the terms of this liability waiver and consents to my participation in the mission trip.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

I have carefully read and fully understand the terms of this liability waiver, and I voluntarily sign it with the understanding that I am waiving certain legal rights. I acknowledge that this liability waiver shall be binding upon me, my heirs, executors, administrators, and assigns.

Participant's Signature (if 18 or older): _____

Participant's Printed Name: _____

Date: _____