

# LIABILITY RELEASE FORM

In consideration for being accepted by Len Ministries, Inc. for participation in the International trip to \_\_\_\_\_ from \_\_\_\_\_ through \_\_\_\_\_ (including all travel dates), I do hereby release, forever discharge and agree to hold harmless Len Ministries, Inc. and the directors thereof from any and all liability, claim or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the above-described trip or activity including recreation and work activities. The undersigned further hereby agrees to hold harmless and indemnify said corporation, its directors, employees and agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

The undersigned further consents to the administration of first aid and/or doctor's care, or and other form of medical treatment necessitated by illness or injury that might require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnity said, corporation, its directors, employees and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

I have the following medical conditions: \_\_\_\_\_

I will promptly notify LMI of any subsequent changes in the condition of my health until my return from this trip.

I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Participant: \_\_\_\_\_

Parent if Participant is a minor: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Participant's Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_

\_\_\_\_\_