



### General Release Form

- I, \_\_\_\_\_, intend to participate in the \_\_\_\_\_ **(name of mission trip)** with Reid Saunders Association (RSA) from \_\_\_\_\_ **(dates of trip)**.
- I authorize the staff and representatives of RSA to render or obtain emergency medical and/or dental treatment should any injury, harm or accident occur to me (the participant) while participating in \_\_\_\_\_ **(name of mission trip)**
- I understand and agree that RSA, their Board of Directors, representatives, or employees may not be held liable in any way for any occurrence in connection with \_\_\_\_\_ **(mission trip)** that may result in injury, harm or other damages to me (the participant) or physical property.
- I understand the terms herein are contractual and are not mere recital, and that I have signed this document of my own free act and volition. I further state and acknowledge that I have fully informed myself of the contents of this release by reading it before I have signed it.
- It is further warranted that if this release form is signed by one of two parents or guardians (if participant is under 18 years of age), it is with the authority of the other.
- Travel to third world countries is inherently dangerous. Health and safety conditions are often primitive and unpredictable. I understand the potential risks and danger and willingly assume that risk, and hold harmless RSA.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (if Participant is a minor) Parent/Legal Guardian

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**Complete and return to:** Reid Saunders Association ■ PO Box 4275 ■ Salem, OR 97302