



## General Release Form

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

- 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 that gifts given to RSA to provide funding necessary for the expenses relating to my participation in this mission trip will be used to pay for trip expenses incurred by RSA. Furthermore, if the total amount of donations received by RSA for my trip is more than the amount of the trip, or if for some reason I am unable to go on this trip, Reid Saunders Association reserves the right to use the balance as it deems best. I understand that I am not entitled to receive the excess funds nor are my donors allowed refunds because the contributions were made to RSA as a gift for mission work and not to me personally. I am aware that every effort will continue to be made by RSA to honor the donor preference of use of these funds. \*
- 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 will. 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.

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Participant Signature

Date

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

Date

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Address

City

State

Zip

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Home Phone

Cell