MEDICAL RELEASE FORM

globalX, operated by North Point Ministries, Inc., under the supervision of the staff and volunteers of North Point Community Church, Buckhead Church, and/or Browns Bridge Community Church, require the completion and acceptance of a medical release prior to participation in a short term trip.

globalX Short Term Trip.

I, hereby acknowledge and agree to the following, in consideration of the opportunity to be provided by the Church (contingent upon its agreement to participation).

Acknowledgment of Risks. I acknowledge that as a result of the travel involved, and being in a foreign country, participating in the short term trip involves risks of serious damage and harm to persons and property, and even death, and I assume those risks, including risks arising from acts or failures to act of the Church.

Information Relied on by Church. I acknowledge that I am in good health and of sound mind. If necessary, I have discussed or will discuss with my physician my participation in the short term trip, and have received or will receive any vaccination or other recommended prerequisite medical treatment my physician deems necessary. I will participate in the short term trip only if I have received my physician's approval, if I deem it necessary, and believe that I am is able to participate without harm. I acknowledge that the Church will not assess or approve my fitness for participation. I am under no force or duress of any kind to participate in the short term trip or sign this document.

Release. THIS DOCUMENT IS INTENDED TO ABSOLVE THE CHURCH OF ANY LIABILITY TO ME THAT IS RELATED TO MY PARTICIPATION IN THE SHORT TERM TRIP. Accordingly, I hereby release the Church from, waive, and will never sue the Church for, any damage (whether damage to or loss of property, finances, life, body, mind, or emotions), cost, suit, demand, claim, or other liability, that arises or is alleged to arise from or in connection with my participation in the short term trip. Such liability includes any liability that arises or is alleged to arise from the Church's negligence (but not its willful and wanton misconduct). Such liability also includes any liability that arises or is alleged to arise from claims for contribution by another that I have sued or from whom I have received compensation.

Medical Permission. I hereby authorize the Church or its representative to initiate any medically necessary care on my behalf in the event of my incapability to present myself for such care for illness or injury sustained while participating in the short term trip, including the administration of emergency anesthesia or surgery. I agree to be financially responsible to any care provider and authorize the release of any necessary medical or insurance related information pertinent to the circumstances.

Definitions. (a) References to "me," "my," and "I" shall include and bind myself and any insurer, heir, estate, legal representative, executor, administrator, successor, or assign of me or such minor. (b) "Participation" or "participating" in the short term trip includes planning and preparing for, traveling to, and traveling from, as well as participating in, the short term trip. (c) The "Church" includes (i) its affiliates, and institutions cooperating in the short term trip; (ii) the trustees, elders, deacons, officers, employees, volunteers, and agents of the Church or such affiliate or institution; and (iii) the spouses, insurers, heirs, estates, legal representatives, executors, administrators, successors, estates, and assigns of any of the foregoing.

Name _____

Signature _____ **Date:** _____

Phone: _____ **Cell:** _____