

Registration and Release for Participation in Senegal Mission

Mission Week 1 March 7 to March 15, 2024, Week 2 March 15 to March 24, 2024

No.	Last Name	First Name	Age	Sex	Relation to No.1	Allergy	Christian	Week 1 or 2	Cell Phone/Email	Profession

In exchange for participation in Senegal Medical and Humanitarian Mission dated as above, organized by Africa Cries Out (ACO), located at 1171 E Putnam Avenue, Riverside, CT 06878 ("Releasee"), I hereby agree to the following Waiver of Liability,

On behalf of my family members listed above, including myself ("My Family"), I acknowledge and fully understand the risks and potential dangers involved in participating in the medical mission trip organized by ACO to Senegal. In consideration for being permitted to participate in this mission trip, I agree to release, indemnify, and hold harmless ACO, its directors, officers, employees, volunteers, and agents (collectively referred to as "the Releasees") from any and all claims, liabilities, damages, expenses, or causes of action arising out of or in any way related to my family's participation in the medical mission trip.

Initial Here:

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The medical mission trip involves potential risks, including but not limited to exposure to infectious diseases, physical injuries, accidents, and other unforeseen events.

The medical mission trip may require us to perform physically demanding tasks, work in unfamiliar environments, and encounter challenging circumstances that may pose risks to my family's health and safety.

I am responsible for obtaining appropriate medical insurance coverage for my family and the duration of the medical mission trip. I understand that ACO does not provide insurance coverage for any injuries or illnesses that may occur during the trip.

My family voluntarily participates in the medical mission trip and assumes all risks associated with my family's participation, including but not limited to risks that may arise from the actions or omissions of third parties, other team members, or local authorities.

This waiver of liability is binding upon my family, my heirs, executors, administrators, and assigns. It shall be governed by and construed in accordance with the laws of related states I reside, ACO registered, and federal law.

I hereby agree to forever release, discharge, and hold harmless ACO and its Releasees from any and all liability, claims, demands, actions, or causes of action, whether at law or in equity, arising out of or in any way related to my family members listed above participation in the medical mission trip.

I have read this waiver of liability and fully understand its contents. I voluntarily sign this document without any inducement, assurance, or guarantee being made to me and I intend it to be a complete and unconditional release of all liability to the greatest extent permitted by law.

SIGNATURES

Signature Printed Name of Releasor

Date

Signature of Parent or Guardian if Releasor is under 18

Date

Home Address including Zip:

Initial Here: