



WAIVER & RELEASE FORM

All participants in Servant Life and/or Restore Saint Louis I Workday STL events must have a signed and notarized Waiver & Release Form, including adults 18 and older. Participants under 18 must have the authorized signature of a Parent/Guardian. This form cannot be faxed. It must be mailed to the Servant Life office. Servant Life reserves the right to deny participation in any or all of its short-term mission trips. Each team member must be at least fourteen years of age (sixteen if going as an individual) by the first date of their trip unless otherwise approved by Servant Life.

• EACH TEAM MEMBER MUST HAVE A VALID PASSPORT AND ATTACH 2 COPIES.

Church Name: _____ City/State: _____

Group Leader name (if applicable): _____

Participant Full Name (as it appears on passport): _____

Date of Birth: ____ / ____ / ____ Age (as of the first date of the trip): _____

Gender: Male Female

T-Shirt Size: Small Medium Large XL 2X 3X

Role on Trip: Group Leader Adult Student

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Parent/Guardian: _____

Home Phone:() _____ Work/Cell Phone() _____

Email: _____

Emergency contact (not going on a trip): _____

Relationship to Participant: _____

Main Phone:() _____ Work/Cell Phone() _____

Email: _____

Release / Indemnification. I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above-listed participation and release absolutely, forever discharge, hold harmless, and covenant not to sue Restore Saint Louis I Workday STL and/or Servant Life, Inc., or any of either entities' successors, affiliates, directors, employees, agents or volunteers ("Servant Life") from any and all present or future liability, claims, demands, actions, or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in any event activities described herein (the "Claims"). I agree to indemnify Servant Life and/or Restore Saint Louis I Workday STL for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs, and legal expenses.

Medical Emergency. In the event of injury or a medical emergency, I have authorized the treatment described in the Emergency Authorization portion of the Servant Life International Medical Release or of my group's own medical release forms. I release Servant Life and/or Restore Saint Louis I Workday STL from any and all liability related to decisions made by any individual authorized under said form regarding medical treatment or for any medical treatment received or declined. In addition, I assume the risk and financial responsibility for any injury resulting from my (or my child's) participation in the described event.

Other Unexpected Events. In the event of an unexpected occurrence, including but not limited to detainment by local government, mandatory quarantine, natural disasters, localized issues, national security threats, acts of terror, national or global pandemics, widespread fear, and terror, or other circumstances, I assume full responsibility for any risk of loss, financial expense, property damage, or personal injury, including death, that may result from participation in event activities. In the event that such occurrences extend the length of my trip beyond the planned dates, I understand that I am responsible for any additional financial expenses or obligations and that Servant Life and/or Restore Saint Louis I Workday STL may be able to assist me but might require additional financial compensation in order to do so.

Assumption of Risk. I acknowledge that during my (or my child's) participation in the described event that certain risks do exist. These include, but are not limited to, the hazards of being in a construction-type setting, travel by automobile, traveling to and residing in a foreign country, the risks involved in leading recreation games, and those existing because of the content of these programs. I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage, or personal injury, including death, that may result from participation in event activities.

Travel Documents. I understand and acknowledge that it is my personal responsibility to obtain the necessary documents for entry into any foreign country, including but not limited to visas and passports, and to seek medical advice regarding any specialized treatment or pretreatment, medication, or immunization that may be personally required for travel with Servant Life and/or Restore Saint Louis I Workday STL.

Consideration. I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in the above-described event and am aware of the activities in which I, or my child will be involved through said participation. I further acknowledge that the execution of this Agreement allows Servant Life, Inc. (defined below) to provide the described event at a reduced financial cost, directly benefiting Servant Life, Inc. and thereby furthering my objective to benefit Servant Life, Inc. and further its mission.

Extraction. The policy of Servant Life and/or Restore Saint Louis I Workday STL is that it will not pay ransom or yield to the demands of any individual or group. In the event of an arrest or detention by legitimate governments or other forces, the Organization will do everything within its power and resources to gain release. In the event of threats to the life, the Organization shall use legitimate, prudent means, including evacuation, if necessary, for safeguarding life. If, for whatever reason, I am individually or in a group, involved in kidnapping, piracy, or hijacking, I hereby agree to allow Servant Life and/or Restore Saint Louis I Workday STL or their delegate to represent me and my family in any negotiation proceedings. I understand and agree to abide by Servant Life and/or Restore Saint Louis I Workday STL policy.

Media Consent. I give my consent and permission for the taking of photographs and/or video of me (or my child) during the described event and waive and/or assign any and all rights (including copyright) in such media to Servant Life and/or Restore Saint Louis I Workday STL.. Servant Life and/or Restore Saint Louis I Workday STL, as the sole owners of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction, and dissemination of any such photographs and/or videos.

Code of Conduct. Servant Life, partnered with Restore Saint Louis I Workday STL, is a Christ-centered, evangelical organization committed to Helping People Go and Make Disciples of All Nations through partnership with existing ministries within developing countries. By participating on a Servant Life/Restore Saint Louis I Workday STL trip, I understand that I am perceived as a representative of Servant Life and/or Restore Saint Louis I Workday STL, whether as a sponsor/donor/partner or guest and agree to conduct myself according to Christian principles in the context of the local culture of the destination country. I agree to defer to and uphold standards communicated by trip leaders regarding specific behaviors which may be considered offensive or inappropriate in the local Christian context. I understand and agree that any behavior which puts the long-term ministry of Servant Life and/or Restore Saint Louis I Workday STL at risk may result in trip dismissal at my expense. I additionally agree to adhere to Servant Life's and/or Restore Saint Louis I Workday STL' travel safety standards as communicated by trip leaders.

Understanding. I represent and acknowledge that I have completely read and understand this document and all its terms, that I have had an ample opportunity to obtain the advice of counsel, and that by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.

Please check, which applies:

- Parent/Guardian
- Attendees over 18 years of age

Signature: _____

If you are a Parent/Guardian of an attendee who is under 18 years of age, please include the following.

Your Name: _____

Relationship to attendee: _____

Contact Number: _____

NOTARY INFORMATION

The following is to be completed by the notary witnessing parent/guardian and/or participant's signature.

The State of _____ the County of _____.

Before me, a Notary Public, on this day personally appeared _____ known to me (or proved to me on the oath of _____) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and the seal of the office this ____ day of _____, A.D._____.

Notary Public, Signature

My commission expires the _____ day of _____, A.D._____.



2025 Summer Teams

MEDICAL RELEASE FORM

I, _____, hereby give my permission for _____ to participate on the summer mission team to St. Louis, MO. I understand that in the event of an emergency every effort will be made to contact me. However, if medical treatment is required and I cannot be reached, I hereby grant permission to the youth pastor or youth staff person to secure services of a licensed physician and he/she is allowed to give whatever treatment he/she deems necessary.

(parent or legal guardian signature)

Legal Name of Son or Daughter _____

Date of Birth _____ SS# _____

Mother's Maiden Name _____

Emergency Phone Numbers: 1. _____ 2. _____

Health Insurance Company _____ Policy # _____

Name under _____ Phone Number _____

Private physician _____ Phone Number _____

Health History

Date of last Tetanus Shot _____

Please mark Yes (Y) or no (N) to indicate any current or past health problems in the following areas:

Allergies__*	Glasses__	Circulatory__
Asthma__	Headaches__	
Dizziness__		
Heart Disease__	Psychiatric__	Muscular__
Hypertension__	Skin__	Muscular__
Diabetes__	Skeletal__	Major Illness__
Blood Problems__	Respiratory__	
Neurological__		

Please give details to any items marked Yes (Y). *List all allergies.

Are you currently taking any medication? ____

If Yes, What and What for _____

PLEASE PHOTOCOPY YOUR MEDICAL INSURANCE CARD/INFORMATION AND ATTACH IT TO THIS PAGE.