



Release of Liability
(must be completed by each team member or parent if under 18)

Date: _____

I, _____, hereby release Grace Temple Ministries, its officers, employees, and agents from any liability regarding any accident, injury or disease sustained or contracted by me while on a short term trip in the United States or to another country. I also hereby agree to the performance of such treatment, anesthetics and operations that, in the opinion of the attending physician, is deemed necessary for me. I further agree to hold harmless Grace Temple Ministries or any branch thereof, from any medical, hospital or dental bills incurred as a result of injury, accident or disease sustained or contracted by me while on the mission trip.

I understand and agree to these terms set forth by Grace Temple Ministries:

Signed: _____

Witness: _____