



PROJECT MEXICO LIABILITY WAIVER

I _____ recognize participation on a trip of this nature may be hazardous and dangerous. Therefore, I am, for myself, my heirs, executor and/or administrator, remise and releasing and forever discharging Canyon Hills Church and Baja Christian Ministries, and all its officers, agents, servants, and employees, acting officially or otherwise, from any and all reason of any injury, damage (including property damage to any of my belongings), loss or death which may occur from any cause including, but not limited to any accident and/or occurrence while participating individually or with others while on this mission trip. The undersigned, desiring to participate in the activities, programs, and ministries Promoted and/or facilitated by or through Canyon Hills Church and Baja Christian Ministries, hereby agrees to assume any and all liability for the undersigned's acts or missions in the course of the activity participated in by the undersigned, and further relieves Canyon Hills Church and Baja Christian Ministries, its officers, Board of Directors, agents, and any and all other persons associated with or operating through Canyon Hills Church and Baja Christian Ministries of and from any and all liability for injuries occurring in the Continental United States or outside of the Continental United States, and agrees to indemnify and hold Canyon Hills Church and Baja Christian Ministries, its officers, Board of Directors, and agents harmless for any and all damages or injuries which may be caused by the undersigned in the course of participating in activities sponsored, promoted, or participated in by Canyon Hills Church and Baja Christian Ministries. The undersigned understands that these waivers and releases herein cover each and every member of the undersigned's family and that the undersigned's agreement in these waivers and releases is a precondition to the undersigned's participation in activities sponsored, promoted, or participated in by Canyon Hills Church and Baja Christian Ministries.

I HAVE READ AND AGREE TO THIS RELEASE.

Participant Signature: _____ *Date:* _____

Parent/Guardian Signature: _____ *Date:* _____

(For participants under the age of 18)

Medical Disclosure

Allergic reactions to medicine _____

In case of emergency notify _____

Any Medical needs or diet restrictions? _____