

Release and Waiver of Liability:

Short-Term Visitors

I, the undersigned, will be participating in a short-term trip to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereafter the “BVSA

trip” or “trip”) on or about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I recognize that there are risks involved in participating in the BVSA trip and hereby assume all risk of injury, harm, damage, or death in connection with my participation in it. I understand and agree that neither Buena Vista Sports Academy nor its in-country leaders, employees, board members, pastoral advisors, partner churches, or representatives may be held liable in any way for any injury, harm, damage, or death that may occur to me as a result of my participation in this trip and hereby release Buena Vista Sports Academy, in-country leaders, employees, board members, pastoral advisors, partner churches, or representatives from any injury, harm, damage or death, which may occur while I am participating in the trip. To the fullest extent permitted by law, I agree to save and hold harmless Buena Vista Sports Academy, its in-country leaders, employees, board members, pastoral advisors, partner churches, or representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in the trip.

I authorize Buena Vista Sports Academy through its leaders, employees or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in the trip.

I understand and acknowledge that Buena Vista Sports Academy does not provide health or medical insurance in connection with the trip and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility, in connection with my participation in the BVSA trip.

Executed this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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