



# STATEMENT of RISK

PO BOX 414 Broken Arrow, OK 74013 CLUB1040.com Tel: 918 – 251 – 0608

This Statement of Risk is to advise participants of the potential risks involved in traveling to, living and working in third world developing nations. As a voluntary participant you assume full responsibility for the consequences of these risks, that can include hazards to person and property through cross-cultural offenses, accident, disease, criminal, terrorist acts, weather conditions or inadequate medical services and supplies as well as mental and emotional stresses. It is our goal to advise all participants in CLUB1040 short-term missions of the assumed risks associated with mission work in a foreign country and CLUB1040's policies, through this Statement of Risk. CLUB1040 asks that you gather as much information as you feel necessary to be informed and equipped for your voluntary participation and keep a copy of this form for your records.

In the event of an emergency that requires medical services while on the field, all reasonable efforts will be made to provide the necessary services. If an evacuation is needed, it will be coordinated with and under the direction of the insurance provider required for your participation in CLUB1040 Short Term Missions trips. You must adhere and comply with the list of immunizations and vaccinations (available at the Department of Health, or the Centers for Disease Control) before you travel to the country of ministry.

The policy of CLUB1040 regarding the actions of insurgent, guerrilla, criminal groups, and gangs that commit crimes of kidnapping or other forms of criminal extortion as a means for demanding the payment of ransom, is that CLUB1040, its directors, employees, agents, volunteers, partners, will not make any payment of ransom in any form, be it cash, commodities or services. Therefore members and participants in CLUB1040 missions must be aware that ransom will not be paid for their release.

By signing this document, you freely and openly acknowledge that you shall be found by a court of law to have waived any rights to make or maintain a lawsuit against CLUB1040 or any party associated with CLUB1040, including claims that CLUB1040 or any parties associated with CLUB1040 have committed negligent acts or omissions; further you state that you have had a sufficient opportunity to read this document and have read it in its entirety and understand and, by affixing your signature, agree to be bound by its terms.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Address: \_\_\_\_\_

### PARENT OR GUARDIAN'S ACKNOWLEDGEMENT of RISK

*(Must be completed by the parent or legal guardian in the presence of a NOTARY PUBLIC)*

As Parent / Guardian of \_\_\_\_\_ *(insert minor's name)*, I have read and understand the foregoing "Statement of Risk" and agree to be bound by its terms and provisions.

Parent or Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

STATE of \_\_\_\_\_  
COUNTY of \_\_\_\_\_

Before me, the undersigned, a NOTARY PUBLIC in and for the COUNTY and STATE above, on \_\_\_\_\_ day of \_\_\_\_\_, in the year of 20\_\_\_\_, personally appeared \_\_\_\_\_, proving their identity with documents sufficient to my office; and executed the foregoing acknowledging to me that this act was free and voluntary for the uses and purposes therein set forth. Given under my hand and seal of office the day and the year above stated.

\_\_\_\_\_ (NOTARY SEAL)

My commission expires \_\_\_\_\_



# MEDICAL INFORMATION and RELEASE

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Applicant Name: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Type: \_\_\_\_\_

**Person to contact in case of emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone (required) (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

1. Have you recently suffered a serious illness, had surgery performed or been hospitalized?  No  Yes, explain \_\_\_\_\_  
\_\_\_\_\_

2. Do you have any known allergies?  No  Yes (please list) \_\_\_\_\_

3. Do you have any dietary restrictions, food allergies, or convictions regarding types of food?  No  Yes, explain \_\_\_\_\_  
\_\_\_\_\_

4. Are you currently using any medications? (Include prescription and non-prescription drugs, dietary supplements, herbs, etc.)  
 No  Yes Describe \_\_\_\_\_

5. Are you currently receiving medical treatment or under medical observation?  No  Yes, explain \_\_\_\_\_

6. Have you ever been treated for (or are now suffering from) emotional difficulties? (eating disorders, depression, anxiety, phobias, etc.)  
 No  Yes, explain \_\_\_\_\_

7. Do you have any other limitations or significant health conditions which might affect your involvement with missions or which you believe your physician would want us to know about?  No  Yes, explain \_\_\_\_\_

8. Do you have a communicable disease?  No  Yes \_\_\_\_\_

9. Do you have any chest, back, or joint pain?  No  Yes, describe \_\_\_\_\_

10. Do you have any limitations to strenuous physical work?  No  Yes, what? \_\_\_\_\_

11. Have you been exposed to the potential for the transmissions of HIV/AIDS or Hepatitis?  
 No  Yes If yes, have you been tested?  No  Yes, results \_\_\_\_\_

12. Do you have medical coverage? \_\_\_\_\_

13. What is the name of your provider? \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Office Phone: (\_\_\_\_\_) \_\_\_\_\_



# MEDICAL INFORMATION and RELEASE

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## CONSENT TO TREATMENT

I wish to be a voluntary member of CLUB1040 Short Term Missions. Certain circumstances may occur resulting in my need for medical / dental care and treatment; and further result in my inability to personally give consent for care and treatment necessary. In consideration of permission from CLUB1040 for my participation in this Short Term Mission trip, I hereby authorize CLUB1040, its agents, directors, employees, or volunteers, or medical facility or medical provider to act on my behalf; therefore, should I become incapacitated and unable to do so, I consent to all medical or dental care and treatment, including but not limited to diagnostic test(s), x-ray(s), examination(s), anesthesia, surgery, or other procedure(s) which CLUB1040, its agents, directors, employees, volunteers or designates may deem necessary for my medical well-being for the duration of the missions trip. This consent is given in advance of any specific diagnostic tests, treatment, surgery or medications and is given to provide prior authorization and specific consent for medical or dental treatment and care on my behalf while a voluntary participant with CLUB1040 Short Term Missions trip. Any consent by CLUB1040, its agents, directors, employees, volunteers, or designates shall have the same force and effect as if I had personally given the consent. Furthermore, I consent in the release of medical information and records by and to CLUB1040, its agents, directors, employees, volunteers, or designates.

I certify I carry personal health insurance for medical services coverage during the duration of the CLUB1040 Short Term Missions trip, including coverage in foreign countries with no territorial limitation. I further acknowledge that CLUB1040 provides no health, medical, or dental insurance coverage or financial responsibility for myself.

**Signature of Participant:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:**

### PARENT OR GUARDIAN'S CONSENT (Must be completed by the parent or legal guardian)

I, \_\_\_\_\_ as the parent guardian of \_\_\_\_\_, hereinafter referred to as "MINOR", do hereby authorize CLUB1040, to act as this MINOR's agent, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment including, but not limited to, over the counter medication and hospital care or service, which is deemed advisable and is rendered under the general or specific supervision of a physician and surgeon, or the medical staff of a hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital and to release private medical information and records.

I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being rendered, but is given to provide complete authority and power on the part of CLUB1040, and its agents, directors, employees, volunteers, partners, representatives or assigns to give specific consent to any and all such diagnosis, treatment, or hospital care that a physician may deem advisable. I hereby authorize any hospital, which has provided treatment to this MINOR to surrender physical custody of the MINOR to CLUB1040, and its agents, directors, employees, volunteers, partners, representatives or assigns upon completion of treatment along with any medical information and records.

I have read and make the forgoing Consent to Treatment and agree to its terms and provisions. These authorizations and consent shall remain effective through the duration of CLUB1040 Short Term Missions trip.

**Parent or Guardian Signature:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_



# GENERAL RELEASE of LIABILITY

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In consideration of being permitted to participate in CLUB1040 Short Term Missions trip, including travel to and from the mission site (collectively referred to as CLUB1040 Mission Trip) and for services of CLUB1040, their respective agents, employees, officers, directors, volunteers, sponsors, partners, successors and assigns, and all others acting in any capacity on their behalf to conduct the CLUB1040 mission trip (collectively, "CLUB1040"), **I HEREBY AGREE TO RELEASE, DISCHARGE FROM LIABILITY, AND HOLD HARMLESS CLUB1040, ON BEHALF OF MYSELF, MY SPOUSE, MY CHILDREN, MY PARENTS, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND ESTATE AS FOLLOWS:**

1. I acknowledge that engaging in CLUB1040 Mission Trip entails both known and unknown risks that could result in illness, severe physical and emotional injury, paralysis, death, or damage or loss of property. These risks include, but are not limited to: accidents in the course of travel to and from the destination; risk of injury or illness commonly associated with construction, recreation or other missionary service activities (including the risk of negligent acts or omissions); and risks associated with living and working in regions with underdeveloped security, buildings, roads, sanitation, food, water, and health care services and facilities. I understand that such risks are inherent to and cannot be eliminated from the CLUB1040 Mission Trip.

2. I understand that the CLUB1040 Mission Trip entails travel in countries and regions where there may be a risk of criminal or terrorist activity.

3. I further acknowledge the risk that CLUB1040 may commit negligent acts or omissions during the CLUB1040 Mission Trip. I also acknowledge the risk that if I am injured or become ill during the CLUB1040 mission trip, any such injury or illness may be made worse by negligent treatment or rescue efforts by CLUB1040 or other third parties.

4. My participation in the CLUB1040 Mission Trip is purely voluntary, and I expressly agree to accept and assume all of the risks of participating in the CLUB1040 Mission Trip. I specifically agree to accept and assume the risk that CLUB1040 may commit negligent acts or omissions during the CLUB1040 Mission Trip. I also agree to accept and assume the risk that any injuries or illness I may suffer during the CLUB1040 Mission Trip may be made worse by negligent treatment or rescue efforts by CLUB1040 or other third parties.

5. **I hereby voluntarily release, forever discharge from liability, and agree to hold harmless CLUB1040** from any and all claims, demands, or causes of action, which arise from or are related to my participation in the CLUB1040 Mission Trip, including all claims alleging negligence if I am injured or become ill in any way during the CLUB1040 Mission Trip.

6. I agree that OKLAHOMA law shall govern these terms and provisions of my voluntary release without regard to the conflict of law rules of any other state or nation. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

7. I represent that I am at least 18 years of age and other wise competent to sign this General Release of Liability and Indemnity agreement. This General Release of Liability Statement shall be binding to the fullest extent permitted by law. If any part of this release is deemed to be unenforceable, the remaining terms shall be enforceable as a contract between parties. This Release of Liability and Indemnity shall be binding upon my assignees, subrogors, and heirs, next to kin, executors and personal representatives.

**By signing this document, I acknowledge and state that I am to be found by a court of law to have waived my right to bring, make or maintain a lawsuit against CLUB1040, including claims that CLUB1040 has committed negligent acts or omissions. I have had a sufficient opportunity to read this entire document; and by affixing my signature hereto, I freely state that I have read, understood and agree to be bound by all its terms, provisions and statements herein contained.**

**Signature of Participant:**

**Date:**

**Print Name:**

**Address:**

**Phone:**



# GENERAL RELEASE of LIABILITY

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## PARENT OR GUARDIAN’S RELEASE of LIABILITY and CONSENT to TRAVEL

*(Must be completed by the parent or legal guardian in the presence of a NOTARY PUBLIC)*

In consideration of (insert MINOR’s name) (“MINOR”) being permitted by CLUB1040 to participate in CLUB1040 mission trip, I have read and understand the foregoing “GENERAL RELEASE of LIABILITY STATEMENT” and agree that its terms and provisions shall govern this Parent / Guardian Release, Indemnification and Consent to Travel.

In regards to BOTH (1) MINOR’s personal rights and (2) the personal rights of MINOR’s parents or guardians, I agree to accept and assume all of the risks to MINOR arising from or related to MINOR’s participation in CLUB1040 Mission Trip, including the risk that CLUB1040 may commit negligent acts or omissions, and the risk that any injury or illness MINOR experiences may be made worse by negligent treatment or rescue efforts by CLUB1040 or other third parties.

**I hereby voluntarily release, forever discharge, and agree to hold harmless** CLUB1040, and persons acting as its representatives, from any and all claims, demands, or causes of action, which in any way arise from or are related to MINOR’s participation in CLUB1040 Mission Trip, including, all claims alleging negligence, including negligence concerning treatment or rescue efforts, if MINOR is injured in any way during the CLUB1040 mission trip.

## CONSENT TO TRAVEL

As Parent / Guardian of (“MINOR”) I entrust and commit to the care of CLUB1040, its agents and duly authorized representatives, while the MINOR participates in CLUB1040 Mission Trip and other activities of CLUB1040. As Parent / Guardian, I hereby authorize the MINOR to travel with CLUB1040 to all locations as directed by CLUB1040 and its agents, directors, employees, or authorized representatives.

**My signature acknowledges that I have had a sufficient opportunity to read this entire document; and by affixing my signature hereto, I freely state that I have read, understood and agree to be bound by its terms and statements herein contained.**

**Parent or Guardian Signature:**

**Date:**

**Print Name:**

**NOTARY**

**STATE of  
COUNTY of**

Before me, the undersigned, a NOTARY PUBLIC in and for the COUNTY and STATE above, on \_\_\_\_\_ day of \_\_\_\_\_, in the year of 20\_\_\_\_, personally appeared \_\_\_\_\_, proving their identity with documents sufficient to my office; and executed the foregoing acknowledging to me that this act was free and voluntary for the uses and purposes therein set forth. Given under my hand and seal of office the day and the year above stated.

**(NOTARY SEAL)**

**My commission expires**