

RENEWAL FORM



In Town/Local Missions Application

Please answer the following questions to help the River of Life Short-Term Missions Team evaluate and determine your participation in a mission event. Prompt submission of your application is requested by the deadline date – all applications not received by that date will not qualify. Complete all sections to the best of your ability.

Please return your completed application to:

River of Life
525 S. Boulevard
Idaho Falls, ID 83401
office@riveroflifef.org

MISSION EVENT INFORMATION	
Event for which you are applying:	
Date(s) of Event:	
Individual Participant Cost, if any:	

PERSONAL INFORMATION					
Name					
Street Address				Unit #	
City		State		Zip	
Phone		E-mail Address			
Date of Birth					
Occupation					
Emergency Contact	Name:			Phone:	

ATTENTION: Please fill out this form if you have participated in a River of Life local mission event within the last two years. If you are new to a River of Life local mission event or it has been more than two years since you participated, please fill out a long form.

Mission Event: Release and Waiver of Liability

I, the undersigned, will be participating in a mission event to _____
(hereafter the "event") on or about _____, 20____ to _____, 20_____.

I recognize that there are risks involved in participating in this event and hereby assume all risk of injury, harm, damage, or death in connection with my participation in it. I understand and agree that neither **River of Life** nor its trustees, officers, directors, employees, agents 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 event and hereby release **River of Life**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death, which may occur while I am participating in this event. To the fullest extent permitted by law, I agree to save and hold harmless **River of Life**, its trustees, officers, directors, employees, agents and representatives from any claim by myself, my estate, heirs, successors, assigns or other persons arising out of my participation in this event.

I authorize **River of Life** through its trustees, officers, directors, employees, agents 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 this event.

I understand and acknowledge that **River of Life** does not provide health or medical insurance in connection with this event 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 this event.

Participant:

Signature _____ Printed Name _____

Witness: _____ Date _____

Parent/Guardian (if under 18):

Signature _____ Printed Name _____

Witness: _____ Date _____