

Team Leader \_\_\_\_\_  
Date of Mission Trip \_\_\_\_\_



**El Ayudante, Inc. Release of Claim**

[www.nicamissions.com](http://www.nicamissions.com)

(Must be filled out by each team member and given to the team leader. The team leader will bring the group of forms to León.)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Occupation: \_\_\_\_\_

Church/Organization Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Who should we contact in case of an emergency?

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

Phone: \_\_\_\_\_

**Statement of Activities and Release**

I hereby release and discharge El Ayudante, Inc., and the mission organizations which assisted in these arrangements, their agents, employees, and officers, from all claims, demands, actions, judgments, and executions which I ever had, or now have, or may have, or which my heirs, executors, administrators, or assigns may have or claim to have, against the missions organizations, their agents, employees, and officers, and their successors or assigns for all personal injuries to property, real or personal, caused by, or arising out of mission service. I intend to be legally bound by this statement.

I hereby acknowledge that by engaging in this mission, I am subjecting myself to certain risks voluntarily, including and in addition to those risks which I normally face in my personal and business life, including but not limited to such things as health hazards due to poor food and water, diseases, pests, and poor sanitation; potential danger from lack of control over local population; potential injury while working; and inadequate medical facilities, etc.

Witness whereof, I have executed this agreement and this release at \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_