



## RELEASE FORM

*This form should be returned to the Communities of Grace office  
or emailed to [damon@gocogi.com](mailto:damon@gocogi.com)*

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### KNOW ALL MEN BY THESE PRESENTS:

THAT \_\_\_\_\_, “the undersigned,” voluntarily has offered to take a mission trip in order visit and do certain activities within a specified country of the world. This trip will be taken “at the risk” of the undersigned. By reading these terms and conditions and then signing below, the undersigned has released and forever discharged, and by these Presents does not for himself/herself, his/her heirs, representatives and assigns, remise, release and forever discharge the said COMMUNITIES OF GRACE INTERNATIONAL, and its board members, successors and assigns, of and from all manner of actions, cause of actions, suits and demands whatsoever in law or in equity, which against the said COMMUNITIES OF GRACE INTERNATIONAL, its board members, successors and assigns, he/she ever had, now has or which his/her heirs, representatives and assigns hereafter can, shall, or may have for any reason.

The undersigned hereby agrees to hold the said COMMUNITIES OF GRACE INTERNATIONAL, its board members, successors and assigns, harmless from any responsibility or liability for sickness, accident, all negligence claims, including claims for medical negligence, disease or death incurred while traveling within the United States or to or from or within any foreign country while on the business of the said COMMUNITIES OF GRACE INTERNATIONAL, its board members, successors or assigns, or any other of those autonomous, independent entities which are non-profit corporations, companies, trusts, or unincorporated associations or movements known broadly and internationally as COMMUNITIES OF GRACE INTERNATIONAL, whether or not such entities are organized or operating within or outside of the United States of America. The undersigned understands the additional number of risks associated with international travel. Risks such as wars, hostiles, infected water, disease, wild animals and other risks not mentioned here have been carefully considered. The undersigned has determined that these threats are acceptable and is willing to take risks involved.

By signing below, the undersigned agrees to be responsible to do all the research required to become familiar with the risks associated with the area the undersigned will travel and is in good health and cleared to travel by the undersigned’s physician.

Signature of Traveler: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Group Leader's Name and Address: \_\_\_\_\_

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