



Liability Waiver

Missionary Cenacle Volunteers

P.O. Box 35105

Cleveland, OH 44135

1-800-221-5740 Fax: 216-252-1661

Email address: info@mcv3.org

Apply online at www.mcv3.org

I hereby certify the following:

1. I am physically able to participate in this mission trip. I recognize that it is my responsibility to consult a health professional if I have any concerns about my ability to participate in this trip or any concerns about possible medical implications of this mission trip. I understand that Missionary Cenacle Volunteers will not be responsible for administering to me any medications that I may need to take while on the mission trip. I or a responsible adult from my school, church, or organization will administer these medications while I am participating in the Missionary Cenacle Volunteers program.
2. I understand and assume full responsibility for the possible risk of bodily injury known or unknown, death or loss of property resulting from any accident which **while extremely unlikely** may occur as a result of participation in the program. I understand that participation in the program may present possible risks including, but not limited to, allergic reactions, musculoskeletal injury and/or accidental injury due to a motor vehicle accident or one involving transport animals (mules/horses) or other animals (dogs, cats, etc.). In addition I am cognizant of the possibility of harm and/or poisoning due to venomous animals (reptiles/amphibians) insects and plants. I also understand the possibility of injury due to earthquakes, floods, and other "Acts of God".
3. Furthermore, I understand the Missionary Cenacle Volunteers and/or the Mission Site Supervisor(s) may require that I leave the mission site for due cause without benefit of compensation.
4. In consideration for my application to participate in this program and being accepted, I, on behalf of myself, my heirs and assigns and my estate, waive and release any and all rights which I or they may have against the Missionary Cenacle Volunteers, event sponsors, organizers, affiliates, as well as their agents and employees, from any and all claims that may accrue as the result of my participation.
5. I grant full permission to the Missionary Cenacle Volunteers for the use of my image for publicity purposes.

I understand that by checking the box next to the words "I Accept" below and typing my name, I am signing this document electronically.

I Accept

Name

Date

Please return this completed form to MCV by **saving** it to your computer and **sending** it as an email attachment to info@mcv3.org.