

**RELEASE OF LIABILITY
AND PARENT PERMISSION FORM**
Cross Culture Experiences, Inc. (dba Mission Waco)
(And as applicable for joint projects with Waco Community Development Corp.)

Required for the following activities: Check all that apply for this release.

- Poverty Simulation, Waco, TX
- Climbing Wall at Jubilee Center, 1319 N. 15th, Waco, TX
- Out of Country Mission/Exposure Trip: Specific which country - _____
- Special Outing or Field Trip: Describe _____
- Mission Waco Program(s) including transportation: Groups for work/service projects and training mobilization events
- Volunteerism in Mission Waco programs
- Construction/Work Projects
- Facility Use only

Whereas, the undersigned participant wishes to be accepted for participation in one or more of the activities listed above which is organized by Cross Culture Experiences, Inc. / Mission Waco, and/or Waco Community Development Corporation, both of Waco, TX and regarding Cross Culture Experiences, Inc. / Mission Waco's and/or Waco Community Development Corporation's action in allowing the applicant to participate in such activities or programs, the undersigned acknowledges that the activity does INVOLVE CERTAIN RISKS. The activities are designed to allow the participant to broaden their understanding of various Christian values, socio-economic differences, ethnic and racial diversity, cultural appreciation, team building, character development, and/or enrichment opportunities. These activities include those listed above, but are not limited to, and activities in a lower income neighborhood and among poor people in Waco, TX, other communities, and foreign countries. I understand that participants are exposed to physical and psychological risk through elements of nature, travel by car, van, plane, walking, or other conveyance, and direct contact with people from various backgrounds. Risks may also include damage or loss of personal property. Risks may also include physical injury and/or strenuous physical activity at work/construction sites, the Climbing Wall, or during other activities. I further understand that immediate medical treatment may be difficult or delayed, especially in foreign countries. I understand that some work projects in the Waco neighborhoods will be coordinated with and supervised by Waco Community Development Corporation, a separate non-profit from Mission Waco that works with housing and economic development in Waco.

In consideration of the above, I have and do hereby assume all the above risks and any other ordinary risk incidental to the nature of the program, including risks which are not specifically foreseeable, and will hold harmless and indemnify Cross Culture Experiences, Inc. / Mission Waco, its Board of Directors, employees, agents, and/or Associates, and Waco Community Development Corp., its Board of Directors, employees, agents, and/or Associates from any and all liability. The terms hereof, and my signature on this document shall serve as a release and assumption of risk, and shall bind my heirs, representatives, executors, administrators, successors and assigns and for all members of my family, including any minors accompanying me. I also state that I am not under, and will not be under the influence of any non-prescribed chemical substance, including alcohol. I also state that I will assume responsibility for any damage or loss to physical property or expenses incurred due to negligent or irresponsible behavior. I understand that my participation in this Cross Culture Experiences / Mission Waco program or activity is entirely VOLUNTARY.

My signature also gives my permission and accepts financial responsibility, as well, for first aid treatment and/or professional medical attention if needed. I also give permission for photographing of myself or my child during the activities and use of those pictures or video by Cross Culture Experiences, Inc. / Mission Waco and/or Waco Community Development Corp.

PARTICIPANT SIGNATURE	DATE	WITNESS	DATE
PARENT/GUARDIAN SIGNATURE	DATE	WITNESS	DATE

FOR ANY PARTICIPANT UNDER AGE 18

Please print legibly – Each participant must complete this section:

Participant Name: _____ Age: _____ Phone: () _____
 Address: _____ City: _____ State : _____ Zip: _____
 In case of emergency, please contact: _____ Phone #1: () _____
 Contact's relationship to participant: _____ Phone #2: () _____