Extreme Mercy Canada Release of Liability Form

Please read carefully. This is a legal document. By signing this document you are agreeing to give up certain legal rights, including the right to sue. You are also assuming certain obligations.

1.)   I hereby acknowledge that I have voluntarily applied for and been accepted by Xtreme Mercy Canada to participate in a short term missions project.

Following is a list of the details of the project:

Name: Short Term Missions Project with Xingu Mission

Location: Xingu Mission/Brazil/Para Region

Transportation methods that may be involved are: airplane, boat, car, taxi & foot. Transportation may be provided to/from Missions compound, churches, the dock, and Airport.

Departure Date: _____

Return Date: _____

2.)   I also acknowledge Xtreme Mercy Canada has provided me with their manual as a condition of my participation in this project and that I have read this manual. As well I have received information from my team leader who has been informed by Xtreme Mercy Canada of risks involved in this project including:

-   Interaction with other cultures
-   Consuming food & water safely (avoiding dehydration)
-   Warnings provided about staying with the group
-   Appropriate responses to environmental risks: weather, animals, reptiles, bugs etc.
-   Handling tools and equipment safely
-   Travelling safely in a jungle environment
-   River Boat Safety

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(continued)

3.) I understand that my participation in this short term missions project may have undesired or unanticipated consequences. Not withstanding this I hereby release and forever discharge Xtreme Mercy Canada and all affiliates, members, directors, officers, leaders, agents, volunteers and employees from any and all actions, cause of actions, suits, claims, demands, liabilities, including negligence and expense I have now, or may have in the future connection with, arising from or related to my involvement with or participation in this program.

4.)

_____ _____

Signature of Participant   Date

_____ _____

Please print your name   Date

_____ _____

Signature of Witness   Date