

DISCLAIMER NOTICE

All groups and individuals participating in Appalachian Youth Missions must read this entire disclaimer understanding fully the terms and conditions and by signing below, agreeing to abide by all the terms and conditions herein stated or implied. We must receive this disclaimer signed by each participant and a copy of current/valid individual or group medical and liability insurance coverage sent before you arrive. We need to receive this by ground mail only. Medical (personal injury) and liability insurance must be current and cover each member of the group for the entire time they are on the mission trip.

You hereby release, forever discharge and agree to hold harmless Appalachian Youth Mission/Missions, The Counsel of Elders of Appalachian Youth Mission a Tennessee Unincorporated Religious Society, Fishes and Loaves Fellowship, Participants, Property Owners, Mission Coordinators, Mission Interns, Interns, Coordinators, Volunteers, Sponsors, Donors or other bystanders during your stay from all liability, personal injury, sickness or death, as well as, property damage and expenses of any nature whatsoever..

I grant/authorize my permission for the individual named/described below should the need arise, to secure a doctor or hospital and hereby authorize medical treatment including but not limited to emergency surgery. I do and will assume all financial responsibility of all medical costs, including transportation.

By signing this form you accept the conditions of a non-electric environment and the use of outhouses in lieu of modern plumbing. A reasonably safe and clean environment will be provided for sleeping and eating. You agree to maintain these environments in a safe and clean condition at all times. If you have a past or present medical condition which may affect your ability to respond in certain situations or may cause harm or injury to yourself or others, these conditions must be disclosed to the mission's coordinator before participating in the mission's experience.

Each individual is responsible to bring a suitable sleeping bag, small air or foam mattress (not to exceed 30 inches in width), personal hygiene products, long pants only (modest shorts can be worn to bed), one piece bathing suit, towel, work cloths & gloves, pocket knife, hat, sun glasses and hiking boots and your Bible are strongly recommended. Please refrain from bringing insect repellent, conditioners, sunscreen or any other items that may be harmful to the environment here.

You agree to take full responsibility for your actions and not hold liable in any way, shape or form Appalachian Youth Mission/Missions, The Counsel of Elders of Appalachian Youth Mission a Tennessee Unincorporated Religious Society, Fishes and Loaves Fellowship, Participants, Property Owners, Mission Coordinators, Mission Interns, Interns, Coordinators, Volunteers, Sponsors, Donors or other bystanders during your stay.

Parent or legal guardian please initial here: _____

Your safety is first and foremost to us so we will ask you not to bring or have in your possession at any time any drugs, alcohol, drug- or alcohol-related items of any kind, no candy, cakes, cookies, snacks, soda, chewing gum, any product containing sugar or a stimulant-like product or products, perfume or cologne, jewelry of any kind with the exception of wedding bands, any device that produces sound with the exception of musical instruments, comic books, toys, electronic games of any kind or any device or object that would cause a distraction which may lead to an injury or impair an individual's ability to respond in a safe and alert way. Your safety is most important to us.

You agree to bring \$6.00 per meal amounting to \$18 per day per person for your meals. You will be purchasing and preparing these meals here, being responsible for your own meals. We will coordinate this together. Any and all leftover funds will go directly into mission projects and materials. Additional leftover funds and food will go directly back into the mission projects.

You agree to getting up early in the morning (this may be before the sun rises). Ordinarily, no paper products will be used during meals (the mission field does not support these products). Each individual will be responsible for his or her own plate, cup/jar and eating utensils which are provided for you. You agree to keep these in a clean condition before and after use. Bleach and soap will be used before and after each meal in washing hands and cleaning. Food preparers will use fingernail brushes and soap before preparing food

Cave exploration is at your own risk. If you choose this educational activity you do so at your own risk. All cave exploration participants assume full responsibility for their actions and decisions during and before entering a cave. All cave exploration participants under the age of 21 must be accompanied during the exploration by an adult from their group and have parental permission to participate by having their parent or legal guardian's signature and telephone number on this line:

Jumping from any height into water is strongly prohibited and is done at your own risk.

By signing below you agree to all the terms and conditions stated herein and will follow and comply with all instructions for your safety and the safety of others while staying here. Your safety is very important to us and is first and foremost. Do not sign unless you have fully read, understand and agree with the above disclaimer.

Participant: print full name _____ Age _____

Address _____

City, State, Zip _____

Parent or legal guardian please initial here: _____

Participant's E-mail address (to receive the newsletter) _____

Parent or legal guardian's contact number/numbers _____

Parent or legal guardian: print full name _____

Parent or legal guardian, sign full name _____ Date _____

Participant: sign full name _____ Date _____

STATE OF _____, COUNTY OF _____:

BEFORE ME, a Notary Public, on this ____ day of _____, 201__,
_____ personally appeared and executed the above Disclaimer, and
acknowledged the same to be his/her free act and deed.

Notary Public, _____ County, Commission Expires: _____