Project Lucas Liability Waiver and Photo/Video Release

1. Participant Information

Full Legal Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship: _____

---

2. Assumption of Risk

I understand that participation in this mission trip, including international travel, involves inherent risks. These risks may include, but are not limited to: transportation accidents, illness, injury, food- or water-related sickness, limited access to medical care, political or social instability, and other unforeseen circumstances. I voluntarily assume all risks associated with participation in this trip.

---

3. Release of Liability

In consideration of being allowed to participate in this mission trip, I hereby release, waive, and discharge Project Lucas, its directors, leaders, volunteers, employees, and representatives from any and all liability, claims, demands, or causes of action arising out of or related to any loss, damage, illness, or injury that may be sustained while participating in this trip.

---

4. Medical Authorization

I authorize Project Lucas leadership to obtain medical treatment on my behalf in the event of an emergency. I understand that I am responsible for any medical expenses incurred.

Medical Conditions/Allergies (if any): _____

Medications (if any): _____

Insurance Provider (optional): _____

---

5. Code of Conduct

I agree to respect team leadership, follow instructions, and conduct myself in a manner that reflects positively on the team and Project Lucas. I understand that failure to comply may result in dismissal from the trip at my own expense.

---

6. Photo and Video Release

I grant permission to Project Lucas to use photographs, video recordings, or other media taken during the mission trip for promotional, educational, or fundraising purposes without compensation.

---

7. Acknowledgment and Signature

I have read and fully understand this agreement. I acknowledge that I am signing this document voluntarily and intend for this to be a legally binding agreement.

Participant Signature: _____

Printed Name: _____

Date: _____

---

8. Parent/Guardian Consent (if under 18)

I, the undersigned parent/guardian, give permission for the above-named participant to take part in this mission trip and agree to all terms outlined in this document.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Phone Number: _____