



Backyard Missions Experience RELEASE FORM

I hereby indemnify and hold harmless People's City Mission and its agents, employees and assigns from and against all claims, damages, losses, and expenses that I, my heirs or legal representative have or may have arising out of any accident or any other type of incident through which I or my heirs may be injured or damaged while in the care of the People's City Mission.

By signing this form you hereby authorize Lincoln People's City Mission to use or disclose you or your child's protected health information for the purpose of treatment, payment, health care operations or any other disclosures as allowed by law in connection with any accident, medical incident or claim made. **(Please note: as a participant, you are responsible for your own health insurance needs and are advised to bring your personal health insurance information with you on your mission trip.)**

Photographs and/or video and sound recordings of yourself or your child may be made during the trip. You authorize the use of such material by Lincoln People's City Mission for its purposes. We are grateful for you/your child's willingness to minister together with us.

I have seen, read, and agree to the above (original signatures are required):

Participant's Name (Please Print): _____

Participant's Signature*: _____

*Your parent or guardian must sign also if you are under 21

Custodial Parent/Guardian Name (Please Print): _____

Custodial Parent/Guardian Signature: _____

Contact Phone Numbers (home) _____ (work) _____
(cell) _____