Launch Box Release Form

Participant Information

Name (First & Last): Gender: Birthdate:

Address:

City: State: Zip:

Home Phone: ( ) - Cell Phone: ( ) -

Email Address (personal):

U.S. Emergency Contact #1

Name (First & Last): Relationship to you:

Address:

City: State: Zip:

Home Phone: ( ) - Cell Phone: ( ) -

Email Address (personal):

U.S. Emergency Contact #2

Name (First & Last): Relationship to you:

Home Phone: ( ) - Cell Phone: ( ) -

Medical Information

Family Physician Name: Phone::

Insurance Company Name:

Policy #: Group

List any allergies and/or medications you are currently taking:

Do you have any medical conditions the Leaders need to be aware of? **Yes** ☐ **No** ☐ If yes, please list:

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Voluntary Participation, Assumption of Risk, and Content Permission

I, _____acknowledge that I have voluntarily applied to participate in Launch Box. I am aware that this mission trip is potentially a hazardous activity. I am voluntarily participating in this mission trip with knowledge of the risks and dangers involved. I hereby agree to accept any and all risks of injury or death that may result from my participation in this mission trip. iGo has my permission to use any contents obtained before or during the trip (stories, photos, videos, etc.) at the discretion of the organization for promotional purposes.

_____ **Initials of Participant** _____ **Initials of Parent/Guardian**

Release from Liability

As consideration for being permitted by iGo Global to participate in this event, and for other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, I hereby irrevocably and unconditionally release, waive, indemnify, discharge and covenant not to sue or attach the property of iGo Global, Normandale Baptist Church, their affiliates, subsidiaries, divisions, members, agents, directors, officers, employees, representatives, and volunteers, for any and from all claims of any nature now or hereafter existing whether known or unknown, including but not limited to all liability, on account of death, injury, or damage resulting from the negligence or other acts, however caused, of the above named as a result of my participation in this event. I understand that I am giving up my legal rights and the rights of my representatives to recover for injury, death, or property damage.

_____ **Initials of Participant** _____ **Initials of Parent/Guardian**

Knowing & Voluntary Execution

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and iGo Global. No oral representations, statements, or inducements apart from this agreement have been made to me. Any amendment or modification to this contract must be in writing in order to be effective. I sign this agreement of my own free will.

_____ **Initials of Participant** _____ **Initials of Parent/Guardian**

Medical Permission Granted

_____ has my permission to participate on the iGo Global trip. I give iGo Global and its representatives and affiliates permission to see that myself or my child receives any medical help needed while on this trip.

_____ **Initials of Participant** _____ **Initials of Parent/Guardia**

Signature of Parent/Guardian (if under 18 yrs of age) and Participant

_____	_____	_____
Date	Print Name of Participant	Signature of Participant
_____	_____	_____
Date	Print Name of Parent/Guardian	Signature of Parent/Guardian