

**CRISWELL  
COLLEGE**



## Student Travel Profile General Liability Waiver

I \_\_\_\_\_ (print name) certify that my participation in the below stated mission trip is voluntary. I understand that participation carries risks inherent to such a trip. For myself and anyone who would claim responsibility for me, I release Criswell College and all Board Members from any liability for loss, injury or damage to my person or property, which may result from my participation.

Mission Trip (Country and Year): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### General Medical Procedure

In the event of a medical emergency occurring during the above stated mission trip, the following procedure will be adhered to:

The first and most desirable option is to transport the patient home. If possible, the patient will be put on the next available flight to receive treatment in the United States. In an event where that is not possible (i.e. Flight availability, injury severity, or immediacy of treatment needed), the next choice is to contact the American Embassy and receive their recommendations and/or assistance. If immediate medical treatment is necessary, we will do our best to find accommodations and treatment at a foreign, Western facility when possible, or a reputable facility.

I understand and have read the above Medical Procedure and agree to the terms and conditions thereof. I acknowledge that I am responsible for any and all medical treatment I receive, including the entire cost and for all decisions regarding treatment. In the event that I am unable to make decisions for my own care, I authorize the Criswell College professors, staff or team leader to make these decisions. I understand the difficulty of the medical conditions and will not hold anyone responsible for any damage to me or my person as a result of my medical situation or decision.

Criswell College will be providing ACE American Insurance Company Medical Insurance for you and the leaders will have the information with them on the trip.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_