

Autumn Hope Ministries
3929 Hilltop Dr
Cookeville, TN 38506
(931)881-7594



I acknowledge that participation in the Kenya Missions trip, carries with it the potential for my serious injury or death, as well as damage to or loss of property. I HEREBY ASSUME THE RISK, FORSEEABLE OR OTHERWISE OF PARTICIPATING IN THIS MINISTRY. I hereby represent and certify that I am physically fit have sufficiently prepared for participation in this kind of activity and have not been advised by a medical professional not to participate in activities of this nature.

In return for permitting me to participate in the subject activities, for myself, my executors, administrators, heirs, successors, and assignments and assigns, I hereby: (a)waive, release and discharge from any and all liability for my death, disability, personal injury, property loss or damage or action of any kind (other than for intentional misconduct) which may hereafter accrue to me (or anyone claiming through me) as a result of my participation in , attendance at, or my traveling in this activity, the following entities (and their respective employees, directors, officers, and agents): Autumn Hope Ministries. (b) agree to indemnify and hold harmless the persons and entitles, aforementioned from any and all liabilities or claims made by others as a result of any of my actions during this activity: and (c) understand and agree to the rules of the activities. This release and waiver is knowingly and voluntarily made, understanding that the aforementioned entities and persons will act in reliance hereon.

I hereby consent to receive medical treatment in the event of my injury, accident, and/or illness during this event(s).

*Dated this _____ day of _____, 20__

*Participants Name: _____

*Participants Signature: _____