

**Participant Liability Release Form &  
Emergency Medical Care Authorization**

(Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship with Shepherd of the Hills/Dripping Springs PC and Ministerio de Fe)

I, \_\_\_\_\_, acknowledge and state the following: I (or Parent/Guardian of a minor), have chosen (or have chosen to allow my child) to participate and travel to the work site to perform mission/construction work.

I understand this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity; and some activities may take place on ladders and building framing other than on ground level. I certify that I (or my child, if for minor) am in good health and physically able to perform work of this type in hot weather.

I understand I am engaging in this project at my own risk. I understand this is a work project to support mission work along the Mexico-Texas border, and in the country of Mexico specifically. I accept and assume all responsibility for my personal actions and any and all risk of my and others property damage and/or personal injury which may occur during or result from my participation, which I may sustain while involved in this project, and related material costs and expenses.

**With the above in mind, I fully understand and agree that SHPC/DSPC and Ministerio de Fe, their staff members, successors, assigns, officers, agents, representatives, and entities shall not be responsible or liable in any way for any accident, loss, death, injury, or damage to myself or my property in connection with the mission trip, or any portion of the mission trip, even if said injury is due to the alleged negligence of SHPC/DSPC or Ministerio de Fe, or others acting on their behalf.**

**I do hereby agree to indemnify and hold SHPC/DSPC and Ministerio de Fe harmless against and from any and all liabilities, damages, claims, suits, judgments, and associated costs and expenses (including, without limitation, reasonable attorneys' fees) of whatsoever kind in connection with the mission trip or portion of the project, or driving to or from, even if said injury is due to the alleged negligence of SHPC/DSPC or Ministerio de Fe, or others acting on their behalf.**

In the event that SHPC/DSPC arranges accommodations, I understand they are not responsible nor liable for my personal effects and property and they will not provide lock up or security for any items. I will hold them harmless in the event of theft resulting from any source or cause. I further understand I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

**By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold SHPC/DSPC and Ministerio de Fe together with their officers, agents, servants, and employees, harmless from any and all causes of action arising from my participation (or my child's participation) in this project, and travel or lodging associated therewith, including any damages which may be caused by the negligence of SHPC/DSPC or Ministerio de Fe.**

If unable to give consent for Medical Care because of my physical or mental condition, **I authorize emergency medical care decisions to be made on my behalf, and I authorize SHPC/DSPC and Ministerio de Fe agents and employees to seek care on my behalf.**

**I HAVE READ CAREFULLY, AGREE TO, AND INTEND TO BE LEGALLY BOUND BY ALL TERMS OF THIS HOLD HARMLESS, WAIVER OF LIABILITY AND EMERGENCY CARE AUTHORIZATION.**

Signature: \_\_\_\_\_  
(Of participant/or of parent or guardian for minor child)

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

Return form to: Gaston M. Broyles, Jr.  
11800 Oak Branch Drive  
Austin, TX 78737  
512-301-8357, 512-475-4075