

# RockPointe Missions Trip Application

## RELEASE OF LIABILITY

As a volunteer member of a mission team of RockPointe Church, Flower Mound, TX, I, \_\_\_\_\_ on behalf of myself and my heirs, executors, administrators, successors and assigns do hereby release RockPointe Church, and her officers, representatives, employees, insurers, affiliates, successors, and assigns, from any liability or responsibility for injury to me of any kind, including, but not limited to death, bodily injury, emotional distress, property damage, and economic loss that I may sustain while I am voluntarily performing duties for, or am associated with RockPointe Church's mission teams.

I acknowledge that travel and trip conditions may be dangerous and I agree to assume all risks including, but not limited to, the risk of death, incarceration, torture, bodily injury, emotional distress, property damage or loss, exposure to war, terrorism, hazardous diseases, and force majeure. Specifically, I voluntarily assume any and all risk that I may be detained and/or incarcerated by the authorities of the country or countries where I travel while engaged in my volunteer duties being a part of a mission team from RockPointe Church.

I hereby agree to hold RockPointe Church harmless in all respects, to release them of all liability if any injury or loss occurs, and I covenant not to sue Rockpointe Church and her officers, representatives, employees, insurers, affiliates, successors, and assigns for any loss, harm, injury, death, or damage that occurs.

I acknowledge that travel schedules, accommodations, dates, and itineraries are subject to change and beyond RockPointe Church's control will not hold them responsible for any inconvenience or losses this may cause.

If any provision of this release is found to be unlawful, void, or for any reason unenforceable, such provision shall be deemed severable from, and shall in no way effect the validity or enforceability of, the remaining provision of this release.

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature of Legal Guardian/Parent  
(If under 18 years old)

\_\_\_\_\_  
Signature of Volunteer

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

**\*Please return all forms to [missions@rockpointechurch.org](mailto:missions@rockpointechurch.org).**