



## **Liability Waiver & Medical Information**

Trip Location: Kisumu, Kenya

Trip Dates: July 2025

### **Acknowledgment of Risk and Liability Waiver Agreement**

I, \_\_\_\_\_ (full legal name), have executed this release to the Next Level Worship International (NLWI), PO Box 1880, Hartselle, AL 35640 Phone: 877-699-3226.

I undertake this domestic and/or international travel and participation in this program as a voluntary act of service, growth, and learning knowing NLWI cannot protect me from risks which may be encountered during this ministry opportunity. I realize there are natural, mechanical, and environmental conditions and hazards which independently or in combination with my activities may cause a serious accident resulting in death, injury, personal property loss, health conditions, or financial expenses as a result of accident, illness, medical care, political upheaval, terrorism, crime, transportation, or other sources of risks.

I hereby state I understand these inherent risks and dangers involved with participation in this trip and its associated activities, and acknowledge the existence of risks which are not obvious or predictable, and hereby intend this release to extend to injury or loss which results from both obvious or predictable risks, as well as risks that are unpredictable and not obvious.

In consideration of being permitted to participate in this trip, I, and any legal representatives, heirs and assigns, hereby release, waive, and discharge NLWI, its officers, directors, employees, agents, and representatives from any and all liability for any and all loss or damage, and any claim or damages resulting there from, on account of any injury to my person or property, even injury resulting in death, whether caused by negligence of NLWI, its officers, directors, employees, agents, and representatives or otherwise while I participate in any activity related to or associated with participation in the aforementioned trip and educational event, whether caused by negligence of NLWI or otherwise.

I agree to indemnify NLWI, its officers, directors, employees, agents, and representatives from any loss, liability, damage, or cost that may be incurred due to my presence or participation in the afore mentioned trip and educational event, whether caused by negligence of NLWI or otherwise.

This release contains the entire agreement between and among the parties hereto, and the terms of this release are contractual and not a mere recital.

The parties to this release hereby agree that the interpretation and enforceability of this release shall be governed by the laws of the state in which the regional NLWI office that is sponsoring or coordinating the program or activity is located.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by applicable laws, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW AND UNDERSTAND THE CONTENTS THEREOF. I SIGN THIS RELEASE VOLUNTARILY AS MY OWN FREE ACT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, INTENDING TO BE LEGALLY BOUND THEREBY.

\_\_\_\_\_  
Participant's Signature **(Please sign before a notary)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name Printed

\_\_\_\_\_  
Date

## Notarization of Signature

The foregoing instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_  
Date Person with Form

\_\_\_\_\_  
State

\_\_\_\_\_  
County

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Date My Commission Expires

## Medical Information

Please complete the brief medical information requested below. This information is kept strictly confidential and solely used for mission trip safety & health as we work together.

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

Please list prescription medications prescribed by your doctor which you will be bringing on this trip and include the daily dosage for each medication:

Medication: \_\_\_\_\_ Dosage/Frequency: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage/Frequency: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage/Frequency: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage/Frequency: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage/Frequency: \_\_\_\_\_

Do you have any of the following? (check all that apply)

Drug allergies ☐

Pregnant, Nursing, or planning a pregnancy this year ☐

Heart Disease ☐

Diabetes ☐

Joint Replacement ☐

Asthma ☐

High Blood Pressure ☐

History of blood clots ☐

Sleep Apnea ☐

Migraines ☐

Dietary restrictions ☐

Allergies to foods ☐

Please note any other medical/physical conditions which may limit participation:

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Please note known allergies and/or reactions to medications:

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Once completed, please email to [pcasey@nlwinternational.com](mailto:pcasey@nlwinternational.com)