



**RESCUE. LOVE. RESTORE.**



## PARTICIPATION, RELEASE FORMS AND OTHER LEGAL DOCUMENTS

*Here's what to do:*

Beginning on page 3, please fill out each of these beautiful forms that apply to each individual participant. Please be sure to be thorough and that the information is both accurate and complete for each form that applies.

Your team leader will collect these forms before the your trip and can turn them in to the Missions Experience office either by scanning and emailing them to [groups@themissioninc.org](mailto:groups@themissioninc.org) or by turning them into your Missions Experience Host upon arrival at RDSN.

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THEMISSIONINC.ORG INFO@THEMISSIONINC.ORG 619.661.9232 PO BOX 360, POTRERO, CA 91963

# PARTICIPATION FORM, MEDICAL RELEASE, WAIVER & INDEMNITY AGREEMENT

I/We \_\_\_\_\_, as a **parent/legal guardian of** \_\_\_\_\_ **or for my own participation if I am of legal age**, have reviewed the information about the activities, events, and trips of Rancho de Sus Niños / The Mission, Inc. and give permission/express desire to be involved and participate in the overall activities. I grant this permission with full knowledge that I accept full responsibility for any injury or accident that may occur.

I/We understand all reasonable safety precautions will be taken at all times by Rancho de Sus Niños / The Mission, Inc. and its agents during the events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk.

*I/We agree not to hold Rancho de Sus Niños / The Mission, Inc., its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by our child or myself if I am the participant of legal age.*

I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for our child or myself if I am the participant of legal age in case of an emergency. The signature of the parent or guardian below is intended to serve as a medical release.

I/We have reviewed the rules of the activities and agree that our child will or I will if I am the participant of legal age, abide by them. I/We also acknowledge that if our child or I if I am the participant of legal age, violates any rules, transportation and or other costs will be at my/our expense.

*By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Rancho de Sus Niños / The Mission, Inc. on the basis of any claim that has been released herein.*

I/We have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms. *This document shall remain in effect for one full year from date indicated, or until revoked in writing.*

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_  
(if minor)

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

CONTINUED ON REVERSE

# PARTICIPATION FORM (cont.)

*PLEASE PRINT:*

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

(H) Phone \_\_\_\_\_ (W) Phone \_\_\_\_\_ (Mobile) \_\_\_\_\_

Health/Med. Ins. Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Participant's E-mail Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation: \_\_\_\_\_

(H) Phone \_\_\_\_\_ (W) Phone \_\_\_\_\_ (Mobile) \_\_\_\_\_

Parent/Guardian #1 Name – if minor \_\_\_\_\_

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

(H) Phone \_\_\_\_\_ (W) Phone \_\_\_\_\_ (Mobile) \_\_\_\_\_

Parent/Guardian #2 Name – if minor \_\_\_\_\_

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address/City/Zip (if different from above) \_\_\_\_\_

(H) Phone \_\_\_\_\_ (W) Phone \_\_\_\_\_ (Mobile) \_\_\_\_\_

Please note that we will use this as a reference for allergies, medical conditions, prescription and parental contact any information and notes contained herein.

Additional Details: \_\_\_\_\_

\_\_\_\_\_



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## PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

*(Must be completed for participants under the age of 18)*

In consideration of \_\_\_\_\_ (hereinafter referred to as "Minor") being permitted by Rancho de Sus Niños / The Mission, Inc. to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Rancho de Sus Niños / The Mission, Inc. from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Signature of Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_



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## PHOTOGRAPHIC AND VIDEO / FILM RELEASE FORM

I, the participant, or parent / legal guardian of participant if minor, consent for all purposes to reproduce, sell, and / or use of photographs, videos, and films of the participant (with or without the use of the individual's name), by Rancho de sus Niños / The Mission, Inc. and by any nominee or designee of Rancho de sus Niños / The Mission, Inc. (including any agency, client, or periodical or other publication) in all forms and media and in all manners, including trade, display, advertising, editorial, art and exhibition.

In giving this consent, I release Rancho de sus Niños / The Mission, Inc. and their nominees and designees from liability for any violation of any personal and / or/ proprietary right the participant may have in connection with such sale, reproduction or use.

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_  
(if minor)

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

# CHALLENGE COURSE PARTICIPANT ASSUMPTION OF RISK, RELEASE, AND AGREEMENT

In consideration of the services of the challenge course, Rancho de Sus Niños / The Mission, Inc., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "The Mission"), I hereby agree to release, indemnify, and discharge The Mission, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

**1.** I acknowledge that my participation in challenge course activities entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The Mission programs are based on the "challenge by choice" principle. At any time you and/or your group are free to withdraw from participation in challenge course activities. The risks include, among other things, the potential for: slips, falls and falling; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards. During an activity there may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases.

Furthermore, The Mission instructors have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities, they might misjudge the weather.

**2.** I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

**3.** I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless The Mission from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of The Mission equipment or facilities, including any such Claims which allege negligent acts or omissions of The Mission.

**4.** Should The Mission or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

**5.** I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

**6.** In the event that I file a lawsuit against The Mission, I agree to do so solely in the state of **California**, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against The Mission on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_  
(if minor)

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

# CHALLENGE COURSE HEALTH DISCLOSURE FORM

*For use with RDSN Challenge Course programming*

Your Name (**Printed**) \_\_\_\_\_ Age \_\_\_\_\_

Organization \_\_\_\_\_ Group Leader \_\_\_\_\_

**Please read:** This form is intended to remind staff and participants of the seriousness of attempting adventure activities with a pre-existing medical condition. This information is to be confidential.

Question

Response

1. Any pre-existing medical conditions? If yes, please explain:

Yes No

2. Are you currently taking any prescription or nonprescription medication?

Yes No

*If "Yes", what are they and what are they for?* \_\_\_\_\_

3. Do you have any heart conditions?

Yes No

4. Do you have high blood pressure?

Yes No

5. Do you have any allergies (food, bees, insects, or medicines)?

Yes No

*If "Yes", please explain:* \_\_\_\_\_

6. Do you foresee any problems participating in the upcoming challenge course due to a lack of physical exercise back home?

Yes No

*If "Yes", please explain:* \_\_\_\_\_

7. Do you feel any pressure or coercion from your leaders or others to participate?

Yes No

8. Do you have any physical or mental disabilities that could limit or hinder participation?

Yes No

*If yes, please indicate the functional implications and any concerns about participation related to the disability* \_\_\_\_\_

9. Describe your current level of physical activity: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone \_\_\_\_\_

Medical insurance (company and policy number) \_\_\_\_\_

Please read and sign:

*I have honestly disclosed to the staff any medical, psychological, or personal information relating to my health.*

*I will remember that it is solely my choice to participate at all times, and I should not feel pressured to participate.*

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_

(if minor)

Phone Number \_\_\_\_\_ Date \_\_\_\_\_



# CONSENT LETTER FOR UNACCOMPANIED MINORS TRAVELING ABROAD

This letter must be notarized by an official who has the authority to administer an oath or solemn declaration.

## Information about traveling child (Información sobre el hijo viajando)

Name (Nombre)

child's full name / nombre completo del hijo

Date and place of birth (Fecha y lugar de nacimiento)

dd/mm/yyyy

city, state / ciudad, estado

Number and date of issue of passport (Número, autoridad y fecha de distribución de pasaporte)

number / número

dd/mm/yyyy

Issuing authority of passport (Autoridad de distribución del pasaporte)

country where passport was issued / país donde el pasaporte fue distribuido

To whom it may concern (A quien le pertenece)  
I / We, (Yo / Nosotros,)

full name(s) of parent(s) / nombre(s) completo(s) de el (los) padre(s)

Address (Dirección)

street address, city / dirección, ciudad

province / state, country / provincia / estado, país

Telephone and email (Teléfono y correo electrónico)

telephone / Teléfono

email / correo electrónico

I am / are the parent(s), legal guardian(s) or other authorized person(s) or organization with custody rights, access rights or parental authority over the following child and **this child has my / our consent to travel alone** (soy / somos el (los) padre(s) con derechos de custodia, derechos de acceso o autoridad paterna del hijo nombrado y **este hijo tiene consentimiento mío / nuestro viajar solo.**)

## Contact information during trip (Contacto durante el viaje)

I / We give our consent for this child to travel to: (Yo / Nosotros doy / damos mi / nuestro consentimiento para que este niño viaje a:)

Destination(s) (Destino(s))

Rancho De Sus Niños, Tijuana, BC, Mexico

name of destination and country or countries / nombre del destino y país(es) destinado(s)

Travel dates (Fechas de viaje)

date of departure to date of return / fecha de salida hasta fecha de regreso

at the following address(es) (a la siguiente dirección(es))

Rancho De Sus Niños, Tijuana-Tecate Autopista Km. 137

street address(es), city (cities) / dirección(es), ciudad(es)

Col. Valle Redondo, Tijuana, BC, Mexico

Telephone and email (Teléfono y correo electrónico)

619-661-9232, groups@ranchodesusninos.org

Signature(s) of Person(s) Giving Consent  
Firma(s) de la(s) persona(s) que otorga el consentimiento

Notary Seal  
Sello notarial

Signature of Official Notary  
Firma del Notario Oficial

signature / firma

dd/mm/yyyy

signature / firma

dd/mm/yyyy

Signed before me on this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_,  
month year

by \_\_\_\_\_  
name(s) of person(s) giving consent

signature of official

