International Access to Missions
5323 Highway N #64
Cottleville, MO 63338

Annual Release And Consent Agreement

Valid For the Year 20___

I hereby, for myself, my heirs, executors, and administrators, waive, and forever discharge any and all rights and claims for damages which I may have hereafter accrue to me against International Access to Missions, their members, respective officers, agents, representatives, successors, and/or assigns, individually or collectively for any and all damages and liabilities which may be sustained and suffered by me in connection with my association with/or arising out of my traveling with, participation in, and returning from any activity sponsored by International Access to Missions.

The persons whose signatures are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by his or her physician and surgeons. The intention hereof being to grant authority to administer diagnostic procedures, which may now or during the course of the person's care, be deemed advisable or necessary. In witness of our consent and agreement to the matters stated in the preceding sentences, we have subscribed our signatures below.

Name: _____ _____ _____
(Please Print) Last First Middle

Address : _____

Phone : (Home)_____ (Cell) _____ Birthday: _____

In Case Of Emergency, Please Notify:

1. Name: _____ Phone: _____

   Email: _____

2. Name: _____ Phone: _____

   Email: _____

Name Of Physician: _____ Phone: _____

Date Of Last Tetanus Immunization: _____ **Please List Any Medical History On Back**

My Insurance Company: _____

My Policy Number: _____

Participant's Signature: _____

Parents Signature (If Under 18 Years Of Age): _____ And/or _____
Father Mother

Date _____

State Of Missouri _____ County

On This Day Of _____ In The Year _____ Before Me, _____

(Name of Notary), A notary public in and for said state, personally appeared _____ (Name of Individual), known to me to be the person who executed the within medical release, and acknowledged to me that he / she voluntarily executed the same for the purpose of permission to the sponsors of International Access to Missions to authorize any needed medical aid in case of emergency.

Seal

Notary Public:_____

My Commission Expires: _____