



## Declaration of Mission Events and Release Form

For myself, or as parent/guardian, I remain legally responsible for any actions taken by myself or child. I agree to hold harmless and defend those involved with The Crossover Cups Mission.

I understand that a trip to a foreign country involves immediate and future health risks. I accept those risks. This includes the cost of medical treatment in connection therewith. I take responsibility for researching and knowing the U.S. CDC recommendations. This declaration may be used to legally authorize church representatives / CUPS staff to acquire medical services needed for person listed below while on this trip.

I understand that pictures/videos will be taken during the event. In addition, I grant permission for photos taken of my child or myself to be used in publications for the church or mission without notification or payment or residual payments.

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**Printed Name of Person Traveling**

**Signature**

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**(If Under 18)**

**Printed Name of Parent and/or Legal Guardian**

**Signature**

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**Date Of Signature**

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**Trip Dates**

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**Date of Birth**

**Phone Number**

**Email Address**

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**Emergency Contact Name**

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**Emergency Contact Phone**