



SBSG Team Member LIABILITY RELEASE FORM

Please read before signing, as this constitutes your agreement as a SBSG volunteer and the understanding of your working relationship in a SBSG trip to Kenya.

I _____, acknowledge and state the following:
(Please print)

I have chosen to participate in a SBSG trip and to be involved in ministry to others by giving my time, talents and resources to the HIV infected and affected women and children we serve.

I understand that this trip may involve various climates and travel in Kenya can be difficult. I certify that I am physically able to participate in the team activities.

I understand that I am engaging in this SBSG trip at my own risk. I assume responsibility for any damage to my property or any personal injury or accident while involved in this trip, and any related medical costs and expenses. I will purchase travel insurance for illness, accident or loss of luggage and not hold SBSG responsible.

I have been informed I will be traveling to regions where malaria is known to be prevalent and know that SBSG asks me to take malaria prevention medication. If I refuse to take prevention medicine I do so at my own risk.

SBSG arranges accommodations. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time, for my own safety.

By my signature, for myself, my estate and my heirs, I indemnify SBSG, together with their officers, board members, and agents, harmless from any and all causes of action arising from my participation in this trip, and travel or lodging associated therewith.

(Please Print)

SIGNATURE: _____ DATE _____
ADDRESS _____ APT. _____
CITY _____ STATE _____ ZIP _____
EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE # _____
PARENT/GUARDIAN (IF UNDER 21) _____ DATE _____

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