

VERIFICATION OF MEDICAL INSURANCE COVERAGE

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Crosspoint International recommends that all Team Leaders/members have adequate medical insurance. Some family health Insurance policies cover short-term overseas travel; some do not. We recommend that you verify with your insurance carrier that your current policy will cover you while on the mission for which you are applying.

Current Policy:

Insurance Company: _____ Phone: _____

Company Address: _____
Street, Box # City State Zip

Policy #: _____ Group #: _____

RELEASE OF LIABILITY AND RELEASE TO OBTAIN MEDICAL CARE

Matthew 18:15-20 and 1 Corinthians 6:1-8 instructs us to live at peace and to resolve disputes in private or within the Christian church. I acknowledge my concern that the limited charitable resources of Crosspoint International should not be dissipated on wasteful litigation. Therefore, I expressly waive my right to file a lawsuit in any civil court or other secular setting against Crosspoint International and other organizations and all individuals involved with this ministry and this particular mission trip.

I hereby release all leaders and organizations involved with this mission trip from any and all legal liability. I hereby waive all my rights to any legal liability, on the part of Crosspoint International or any other individuals or organizations involved, which liability may result from sickness, injury, or death that may occur on or related to this trip. I fully realize that there are hazards, and I am fully assuming these risks, including but not limited to, hazardous travel, poorly constructed roads, dangers resulting from military or political activities, sickness, disease, inadequate healthcare, kidnapping, arbitrary imprisonment, and all other unforeseen risks. I specifically release Crosspoint International and all concerned from any claim of negligence in their duties as leaders, or otherwise, on this mission trip. In the event that I attempt to make a claim in violation of my release and waiver as herein indicated, I hereby agree to, and shall pay, all legal fees and costs incurred by Crosspoint International and other individuals and organizations involved. I further agree, that such claim or dispute arising from or related to this trip shall be settled by Biblically-based mediation (as specifically described in the then current rules of procedure for Christian Conciliation of the Institute for Christian Conciliation 1-406-256-1583), and if not resolved by said mediation, by legally binding arbitration in accordance with the aforementioned rules of procedure for Christian Conciliation.

I hereby further acknowledge my responsibility to provide my own insurance coverage of any and all types including but not limited to, medical, hospitalization, life, disability, death, lost baggage, lost or stolen personal property, and any and all other insurance which I may need or desire. I also hereby release Crosspoint International and all leaders and organizations involved in this mission trip from responsibility to provide insurance coverage of any and all types. I hereby further authorize the leadership of Crosspoint International to make essential decisions on my behalf with respect to medical treatment, emergency surgery, or hospitalization, should such be necessary. However, Crosspoint International shall in no way be responsible or liable for payment of any and all bills for such medical treatment. I assume the full responsibility for any all medical bills incurred related to this outreach. My estate and my family shall further assume full and total cost for the return shipping of my body should I die by any cause on this trip.

I further agree, wholeheartedly, to abide by decisions made by leaders and those in authority and by all guidelines, policies, and rules pertaining to this trip, including but not limited to Crosspoint International policies, including that ransom or extortion will **NOT** be paid, nor will Crosspoint International yield to other demands issued through the use of hostage-taking.

I have read and am in full agreement with this release and waiver, and fully understand that I am: waiving any rights I may have to litigate and sue and instead accepting Biblically-based mediation to resolve disputes; accepting full responsibility for all insurance, all medical costs and all risks related to this trip; authorizing Crosspoint International to make medical decisions if necessary; and agreeing to read and abide by all guidelines, policies, rules, and leadership decisions pertaining to this outreach.

I certify that all the information that I have given on this Crosspoint International Team Registration form is accurate and true to the best of my knowledge.

Date _____ Signature _____

Parent/Legal Guardian _____ Signature _____
(Print Name)