



World Race Participant Release Form 2026

TO BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

PARENTS - Please complete the following information exactly as requested. Incomplete or inaccurate forms will not be accepted. The exact dates of training camp and/or launch can be found on the participant's resource page on Service Reef.

As the parent or legal guardian of _____ (child's first and last name),
I give my permission for him/her to participate in the World Race with Adventures in Missions (henceforth ADV) beginning on **August 30, 2026**.

In an emergency, illness, injury, or accident which requires immediate and prudent medical attention, I give my permission to ADV, its representatives and all attending healthcare professionals (defined as including, but not limited to, registered nurses, licensed practicing nurses, physicians' assistants, doctors, and paramedics) to hospitalize, anesthetize, and/or perform surgery on my child named above. I understand that every effort will be made to contact me before these actions are taken.

I, _____ (your first and last name), the undersigned, do release, acquit, discharge, and covenant to hold harmless Adventures in Missions, Inc., its executives, its Board of Directors, and its representatives, from all actions, damages, or liabilities arising out of the treatment of any sickness or accident incurred by my child's participation on the trip. It is the intention of this release that the above ADV and its representatives incur no liability whatsoever while attempting to meet all medical needs that my child may require during the trip.

I, _____ (parent's name) certify that I am signing on behalf of all legal guardians.

Signature of Parent/Guardian

Date

Relationship to Participant

Signature of Notary Public

State of _____, County of _____

Sworn to and subscribed to me this _____ day of _____, 20__

My commissions expires: _____

Mail this form to:

Advisor Name
% Adventures in Missions
6000 Wellspring Trail
Gainesville, GA 30506