

Grace Project International

Mission To Nigeria 2010

REGISTRATION

Name: _____ Day Tel: () _____

Eve Tel: _____ Email _____

Address: _____

City: _____ State _____ Zip: _____

Occupation: _____

Other Skills: _____

Nationality _____

If you are attending as a family, please provide the following for each family member:

Name: _____ Day Tel: () _____

Eve Tel: () _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

Name: _____ Day Tel: () _____

Eve Tel: () _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____

2010 Mission to Nigeria

RELEASE STATEMENT

Affirmation and Release – The undersigned affirms, understands and agrees that Grace Project International and the mission leaders are only responsible for making reservations and/or arrangements for lodging, transportation and meals during the trip. Grace Project International and mission leaders will be held harmless for any occurrence in connection with or operation thereof, which may result in injury, death, or other damage to me or my family.

Grace Project International and the mission leaders will not be held responsible for loss of or damage to any equipment, luggage or personal property taken on the mission. In consideration for being allowed to accompany and participate in this mission, I hereby personally assume all risks in connection with this mission and I further release Grace Project International and the mission leaders from all claims, demands, and actions and for any harm, injury or damage which may befall me while on the mission, including all risks in connection therewith whether foreseen or unforeseen, and further to save and hold harmless Grace Project International and representatives, arising out of my participation in this mission.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that

I have signed this as my own free act.

Signature of Applicant: _____

Name of Applicant : _____

Date of Affirmation

Return your registration application to:

**Grace Project International
1990 Mesa Drive
Colton, CA 92324**