

ACTIVITY RELEASE FORM

Description of Activity: _____ Date(s) of Activity: _____

Participant Name:	Home Phone:	Cell Phone:	
Participant Address:		Birthdate:	
Emergency Contact:	Relationship to Participant:	Contact's Daytime Phone:	Contact's Evening Phone:

Liability Release. I acknowledge that participation in the above-described activity may involve the risk of injury, and I assume all risks of participation in this activity. I further agree to release and hold harmless The Master's Seminary ("TMS") and any individual, officer, employee, agent or representative of TMS against any and all claims, actions, demands, liabilities, and damages with respect to any illness or injury, or any loss or damage to property of any type, relating to or arising out of participation in the TMS activity, except to the extent that such illness or injury to person or loss or damage to property results from recklessness or intentional failure to act or intentional omission by TMS, or any individual agent or employee of TMS.

Medical Release. I authorize TMS's staff or employees participating in this activity to obtain on the participant's behalf, any first aid or medical services, which may be considered necessary or advisable in the event of illness or injury. I further acknowledge and agree that I will be responsible for any medical costs that may be incurred as a result of such illness or injury and resulting medical treatment.

Photo/Video Permission. I acknowledge that photos or videos may be taken at the activity that may include participant, and I hereby grant permission to TMS to use such photos/videos for promotional materials.

Participant's Signature: _____

Date: _____

Scan this form and email it to Christine Dixon, TMS faculty secretary (cdixon@tms.edu) or mail it to:

Dr. Michael Grisanti
The Master's Seminary
Director of Israel Studies
13248 Roscoe Blvd.
Sun Valley, CA 91352
RE: 2025 TMS Israel trip