

Agua Resources Insurance and Self Responsibility Form

This is to certify that (your name) _____ will
be covered by (Your insurance company) _____
while on the Agua Resources Missions Trip to Mexico scheduled for
(Date leaving) _____, 20 ____ until
(Date returning) _____ 20 ____.

My policy number is _____

In the event of illness or injury, all claims will be filed again the policy mentioned above. I understand that Agua Resources does NOT provide me with insurance coverage while traveling in foreign countries during church trips or activities.

I understand that I am responsible for all expenses and debts incurred by me, whether medical or otherwise, whether covered by insurance or not.

Signed: _____ Date: ____ / ____ / ____

(Please complete and return this form the church office with your payment)