

Adult Travel Consent & Liability Waiver

Event: Men's Winning Circle Conference 2026

Destination: Atlanta, GA (Hyatt Regency)

Dates: April 30 – May 3, 2026

Church: Mount Zion SDA Church, Kissimmee, FL

1. Event Participation & Air Travel

I, the participant, hereby agree to travel with **Mount Zion SDA Church** to the **Men's Winning Circle Conference** in Atlanta, GA. I understand that travel includes a commercial flight from **Orlando International Airport (MCO)** to **Hartsfield-Jackson Atlanta International Airport (ATL)** and coordinated ground transportation (shuttle, rideshare, or rental) to the Hyatt Regency Atlanta.

2. Medical Authorization

In the event of a medical emergency where I am unable to communicate or make decisions for myself, I authorize the Mount Zion SDA Church leadership or designated trip coordinators to seek and authorize professional medical treatment, including anesthesia and surgery. I understand that every effort will be made to contact my designated emergency contact.

3. Financial Responsibility

I accept full responsibility for all costs associated with my medical treatment and any personal expenses incurred during the trip. I understand that the church and its representatives are not liable for lost, stolen, or damaged personal property.

4. Code of Conduct

As a representative of Mount Zion SDA Church, I agree to adhere to the standards and values of the Seventh-day Adventist Church for the duration of the trip. I understand that I am responsible for my own conduct and any consequences resulting from a violation of these standards.

5. Release of Liability

By signing/submitting this form, I release Mount Zion SDA Church, the Southeastern Conference of SDA, and all employees and volunteers from any liability for injuries, illnesses, or damages that may occur during the trip, except in cases of gross negligence.

Important Reminders for Adult Travelers:

- **REAL ID Requirement:** Ensure your driver's license is REAL ID-compliant or bring a valid Passport. Security at MCO and ATL will strictly enforce this for all travelers 18+.
- **Registration:** Confirm you have registered for the "**General Admission**" (or applicable adult tier) and have your confirmation email saved to your phone.
- **MCO Logistics:** Since the group is flying out together, please arrive at MCO **2.5 hours prior to departure** to account for TSA lines and group check-in.

Event: Men's Winning Circle Conference 2026

- **1. Event Participation & Air Travel Consent** I hereby agree to travel with **Mount Zion SDA Church (Kissimmee)** to the **Men's Winning Circle Conference** held at the **Hyatt Regency Atlanta** from **April 30 – May 3, 2026**. I understand and agree that travel will be via commercial airline from **Orlando International Airport (MCO)** to **Hartsfield-Jackson Atlanta International Airport (ATL)**, and include ground transportation to and from the venue.
- **2. Medical Authorization** In the event of an emergency, I authorize the Mount Zion SDA Church leadership and designated chaperones to seek and authorize necessary medical treatment, including anesthesia and surgery, for myself. I understand that every effort will be made to contact the emergency contact listed in this form, but that my health and safety are the priority.
- **3. Financial Responsibility** I agree to be responsible for all costs associated with medical treatment and any personal expenses incurred by myself as a participant. I understand that the church and its representatives are not liable for lost, stolen, or damaged personal property during travel or the duration of the conference.
- **4. Code of Conduct & Supervision** I understand that this is a church-sponsored event and the participant is expected to adhere to the standards of the Seventh-day Adventist Church.
- **5. Release of Liability** By submitting this form, I release Mount Zion SDA Church, the Southeastern Conference of SDA, and all employees and volunteers from any liability for injuries or damages that may occur during the trip, except in cases of gross negligence

Participant Signature: _____ **Date:** _____

Participant Printed Name: _____

Primary Phone: _____

Emergency Contact Name: _____

Emergency Contact Relationship to Participant: _____

Emergency Contact Phone: _____